

# OHIO VALLEY ESC INSURANCE BENEFIT RATES 2024

## NEW RATES

**EFFECTIVE JANUARY 1, 2024 - DECEMBER 31, 2024**

		TOTAL	BOARD SHARE	EMPLOYEE SHARE	ANNUAL BOARD HSA CONTRIBUTION
<b>Plan A - Mutual Health Services - Medical - Traditional Plan</b>					
	Single	849.66	679.73	<b>169.93</b>	
	Employee & Spouse	1,867.55	1,494.04	<b>373.51</b>	
	Employee & Child/Children	1,434.23	1,147.38	<b>286.85</b>	
	Family	2,622.90	2,098.32	<b>524.58</b>	
<b>Plan B - Mutual Health Services - Medical - Qualified High Deductible Plan (employee H.S.A. eligible)</b>					
	Single	520.25	416.20	<b>104.05</b>	
	Employee & Spouse	1,143.49	914.79	<b>228.70</b>	
	Employee & Child/Children	878.17	702.54	<b>175.63</b>	
	Family	1,605.99	1,284.79	<b>321.20</b>	
<b>Plan C - Mutual Health Services - Medical - Qualified High Deductible Plan with employer H.S.A. contributions</b>					
	Single	617.88	494.30	<b>123.58</b>	<b>1,500.00</b>
	Employee & Spouse	1,358.10	1,086.48	<b>271.62</b>	<b>3,000.00</b>
	Employee & Child/Children	1,042.99	834.39	<b>208.60</b>	<b>3,000.00</b>
	Family	1,907.40	1,525.92	<b>381.48</b>	<b>3,000.00</b>
<b>Anthem - Vision</b>					
	Single	6.97	4.29	<b>1.07</b>	
	Family	20.21	16.17	<b>4.04</b>	
<b>Superior Dental - Dental</b>					
	Single	25.61	20.49	<b>5.12</b>	
	Family	61.60	49.28	<b>12.32</b>	
<b>OneAmerica - Board paid Life Insurance</b>					
	\$50,000		5.00		
All tiers are 80% board paid and 20% employee paid.					
<b>50% of Annual HSA Contribution will be made in January, the remaining 50% to be made in July</b>					<b>with</b>