

# Premium Rates (Level 1) 30+ Hours/week

Plan year: April 1, 2024 – March 31, 2025

Health Insurance (Level 1)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
<b>Enrich Point of Service (POS)</b>				
Single	\$143.38	\$286.76	\$680.96	\$967.72
Employee +1	\$286.78	\$573.56	\$1,361.93	\$1,935.49
Employee + Children	\$303.56	\$607.12	\$1,431.37	\$2,038.50
Family	\$331.58	\$663.16	\$1,583.64	\$2,246.80
<b>Enrich HMO HDHP Elite</b>				
Single	\$0.00	\$0.00	\$680.96	\$680.96
Employee +1	\$0.00	\$0.00	\$1,361.93	\$1,361.93
Employee + Children	\$0.00	\$0.00	\$1,431.37	\$1,431.37
Family	\$0.00	\$0.00	\$1,583.64	\$1,583.64
<b>Enrich HMO HDHP Plus</b>				
Single	\$31.30	\$62.60	\$680.96	\$743.56
Employee +1	\$62.60	\$125.20	\$1,361.93	\$1,487.13
Employee + Children	\$65.80	\$131.60	\$1,431.37	\$1,562.97
Family	\$72.80	\$145.60	\$1,583.64	\$1,729.24
<b>Explore HMO HDHP</b>				
Single	\$125.14	\$250.28	\$774.07	\$1,024.35
Employee +1	\$250.28	\$500.56	\$1,548.20	\$2,048.76
Employee + Children	\$263.62	\$527.24	\$1,630.58	\$2,157.82
Family	\$290.54	\$581.08	\$1,797.23	\$2,378.31



**Marshfield Clinic  
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# Premium Rates (Level 2) 20 – 29.9 Hours/week

Plan year: April 1, 2024 – March 31, 2025

Health Insurance (Level 2)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
<b>Enrich Point of Service (POS)</b>				
Single	\$235.32	\$470.64	\$497.08	\$967.72
Employee +1	\$470.64	\$941.28	\$994.21	\$1,935.49
Employee + Children	\$496.80	\$993.61	\$1,044.89	\$2,038.50
Family	\$545.38	\$1,090.76	\$1,156.04	\$2,246.80
<b>Enrich HMO HDHP Elite</b>				
Single	\$91.94	\$183.88	\$497.08	\$680.96
Employee +1	\$183.86	\$367.72	\$994.21	\$1,361.93
Employee + Children	\$193.24	\$386.48	\$1,044.89	\$1,431.37
Family	\$213.80	\$427.60	\$1,156.04	\$1,583.64
<b>Enrich HMO HDHP Plus</b>				
Single	\$123.24	\$246.48	\$497.08	\$743.56
Employee +1	\$246.46	\$492.92	\$994.21	\$1,487.13
Employee + Children	\$259.04	\$518.08	\$1,044.89	\$1,562.97
Family	\$286.60	\$573.20	\$1,156.04	\$1,729.24
<b>Explore HMO HDHP</b>				
Single	\$215.11	\$430.22	\$594.13	\$1,024.35
Employee +1	\$430.24	\$860.48	\$1,188.28	\$2,048.76
Employee + Children	\$453.14	\$906.28	\$1,251.54	\$2,157.82
Family	\$499.45	\$998.90	\$1,379.41	\$2,378.31



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