

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

Plan year: April 1, 2021 – March 31, 2022

| Health Insurance<br>(Level 1)                  | Employee       |              | Employer<br>Monthly Cost | Total<br>Monthly Cost |
|--|----------------|--------------|--------------------------|-----------------------|
|  | Per Pay Period | Monthly Cost |                          |                       |
| <b>Active Advantage 3 Tier Plan</b>            |                |              |                          |                       |
| Single   | \$115.74       | \$231.48     | \$674.72                 | \$906.20              |
| Employee +1                                    | \$231.49       | \$462.98     | \$1,349.43               | \$1,812.41            |
| Employee + Children                            | \$245.34       | \$490.68     | \$1,418.19               | \$1,908.87            |
| Family   | \$267.37       | \$534.74     | \$1,569.18               | \$2,103.92            |
| <b>High Deductible Health Plan 3 Tier Plan</b> |                |              |                          |                       |
| Single   | \$49.34        | \$98.68      | \$674.72                 | \$773.40              |
| Employee +1                                    | \$98.69        | \$197.38     | \$1,349.43               | \$1,546.81            |
| Employee + Children                            | \$103.75       | \$207.50     | \$1,418.19               | \$1,625.69            |
| Family   | \$114.73       | \$229.46     | \$1,569.18               | \$1,798.64            |
| <b>High Deductible Health Plan Simply One</b>  |                |              |                          |                       |
| Single   | \$0.00         | \$0.00       | \$659.29                 | \$659.29              |
| Employee +1                                    | \$0.00         | \$0.00       | \$1,318.59               | \$1,318.59            |
| Employee + Children                            | \$0.00         | \$0.00       | \$1,385.82               | \$1,385.82            |
| Family   | \$0.00         | \$0.00       | \$1,533.25               | \$1,533.25            |
| <b>High Deductible Health Plan Indemnity</b>   |                |              |                          |                       |
| Single   | \$131.49       | \$262.98     | \$674.72                 | \$937.70              |
| Employee +1                                    | \$262.99       | \$525.97     | \$1,349.43               | \$1,875.40            |
| Employee + Children                            | \$280.29       | \$560.58     | \$1,418.19               | \$1,978.77            |
| Family   | \$303.86       | \$607.72     | \$1,569.18               | \$2,176.90            |



**Marshfield Clinic  
Health System**

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

Plan year: April 1, 2021 – March 31, 2022

| Health Insurance<br>(Level 2)                  | Employee       |              | Employer<br>Monthly Cost | Total<br>Monthly Cost |
|--|----------------|--------------|--------------------------|-----------------------|
|  | Per Pay Period | Monthly Cost |                          |                       |
| <b>Active Advantage 3 Tier Plan</b>            |                |              |                          |                       |
| Single   | \$212.10       | \$424.20     | \$482.00                 | \$906.20              |
| Employee +1                                    | \$424.19       | \$848.38     | \$964.02                 | \$1,812.40            |
| Employee + Children                            | \$446.77       | \$893.54     | \$1,015.33               | \$1,908.87            |
| Family   | \$492.42       | \$984.84     | \$1,119.08               | \$2,103.92            |
| <b>High Deductible Health Plan 3 Tier Plan</b> |                |              |                          |                       |
| Single   | \$145.70       | \$291.40     | \$482.00                 | \$773.40              |
| Employee +1                                    | \$291.39       | \$582.78     | \$964.02                 | \$1,546.80            |
| Employee + Children                            | \$305.18       | \$610.36     | \$1,015.33               | \$1,625.69            |
| Family   | \$339.78       | \$679.56     | \$1,119.08               | \$1,798.64            |
| <b>High Deductible Health Plan Simply One</b>  |                |              |                          |                       |
| Single   | \$88.65        | \$177.30     | \$482.00                 | \$659.30              |
| Employee +1                                    | \$177.28       | \$354.56     | \$964.02                 | \$1,318.58            |
| Employee + Children                            | \$185.25       | \$370.50     | \$1,015.33               | \$1,385.83            |
| Family   | \$207.09       | \$414.18     | \$1,119.08               | \$1,533.26            |
| <b>High Deductible Health Plan Indemnity</b>   |                |              |                          |                       |
| Single   | \$227.85       | \$455.70     | \$482.00                 | \$937.70              |
| Employee +1                                    | \$455.69       | \$911.38     | \$964.02                 | \$1,875.40            |
| Employee + Children                            | \$481.72       | \$963.44     | \$1,015.33               | \$1,978.77            |
| Family   | \$528.91       | \$1,057.82   | \$1,119.08               | \$2,176.90            |



**Marshfield Clinic  
Health System**