

Premium Rates (Level 1) 30+ Hours/week

Plan year: April 1, 2020 – March 31, 2021

Health Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Active Advantage POS				
Single	101.23	202.46	562.26	764.72
Employee +1	202.47	404.94	1,124.52	1,529.46
Employee + Children	214.52	429.04	1,181.82	1,610.86
Family	233.91	467.82	1,307.64	1,775.46
Active Advantage Indemnity				
Single	210.33	420.66	562.26	982.92
Employee +1	420.66	841.32	1,124.52	1,965.84
Employee + Children	453.89	907.78	1,181.82	2,089.60
Family	489.15	978.30	1,307.64	2,285.94
Active Advantage HMO				
Single	82.40	164.80	562.26	727.06
Employee +1	164.79	329.58	1,124.52	1,454.10
Employee + Children	174.84	349.68	1,181.82	1,531.50
Family	190.17	380.34	1,307.64	1,687.98
High Deductible Health Plan POS (\$3000/\$6000)				
Single	64.82	129.64	562.26	691.90
Employee +1	129.64	259.28	1,124.52	1,383.80
Employee + Children	136.27	272.54	1,181.82	1,454.36
Family	150.72	301.44	1,307.64	1,609.08
High Deductible Health Plan Indemnity (\$3000/\$6000)				
Single	124.80	249.60	562.26	811.86
Employee +1	249.60	499.20	1,124.52	1,623.72
Employee + Children	265.70	531.40	1,181.82	1,713.22
Family	288.56	577.12	1,307.64	1,884.76
High Deductible Health Plan HMO (\$3000/\$6000)				
Single	47.78	95.56	562.26	657.82
Employee +1	95.55	191.10	1,124.52	1,315.62
Employee + Children	100.44	200.88	1,181.82	1,382.70
Family	111.08	222.16	1,307.64	1,529.80



**Marshfield Clinic
Health System**

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

Plan year: April 1, 2020 – March 31, 2021

Health Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Active Advantage POS				
Single	178.97	357.94	406.78	764.72
Employee +1	357.95	715.90	813.56	1,529.46
Employee + Children	376.99	753.98	856.88	1,610.86
Family	415.51	831.02	944.44	1,775.46
Active Advantage Indemnity				
Single	288.07	576.14	406.78	982.92
Employee +1	576.14	1,152.28	813.56	1,965.84
Employee + Children	616.36	1,232.72	856.88	2,089.60
Family	670.75	1,341.50	944.44	2,285.94
Active Advantage HMO				
Single	160.14	320.28	406.78	727.06
Employee +1	320.27	640.54	813.56	1,454.10
Employee + Children	337.31	674.62	856.88	1,531.50
Family	371.77	743.54	944.44	1,687.98
High Deductible Health Plan POS (\$3000/\$6000)				
Single	142.56	285.12	406.78	691.90
Employee +1	285.12	570.24	813.56	1,383.80
Employee + Children	298.74	597.48	856.88	1,454.36
Family	332.32	664.64	944.44	1,609.08
High Deductible Health Plan Indemnity (\$3000/\$6000)				
Single	202.54	405.08	406.78	811.86
Employee +1	405.08	810.16	813.56	1,623.72
Employee + Children	428.17	856.34	856.88	1,713.22
Family	470.16	940.32	944.44	1,884.76
High Deductible Health Plan HMO (\$3000/\$6000)				
Single	125.52	251.04	406.78	657.82
Employee +1	251.03	502.06	813.56	1,315.62
Employee + Children	262.91	525.82	856.88	1,382.70
Family	292.68	585.36	944.44	1,529.80



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