

## **2024 HDHP VS EPO COST COMPARISON**

## **EMPLOYEE COST BEFORE CLAIMS**

2024 MONTHLY MEDICAL PLAN PREMIUMS												
	EMPLOYEE ONLY			E	MPLOYEE +	l .	FAMILY					
	EMPLOYEE	COUNTY	TOTAL	EMPLOYEE	COUNTY	TOTAL	EMPLOYEE	COUNTY	TOTAL			
HDHP	\$42	\$822	\$864	\$85	\$1,644	\$1,729	\$116	\$2,218	\$2,334			
EPO	\$205	\$828	\$1,033	\$413	\$1,653	\$2,066	\$556	\$2,233	2,789			

2024 ANNUAL COSTS											
	EMPLOYEE ONLY			EMPLOYEE + I			FAMILY				
	HDHP	EPO		HDHP	EPO		HDHP	EPO			
Employee Paid Premiums	\$504	\$2,460		\$1,020	\$4,956		\$1,392	\$6,672			
Claims Deductible	\$1,600	\$0		\$3,200	\$0		\$3,200	\$0			
Sub-Total	\$2,104	\$2,460		\$4,220	\$4,956		\$4,592	\$6,672			
County HSA Contribution	-\$1,350	\$0		-\$2,500	\$0		-\$2,500	\$0			
Employee Cost Before Claims	\$754	\$2,460		\$1,720	\$4,956		\$2,092	\$6,672			
HDHP ANNUAL SAVINGS!!!	\$1,706			\$3,236			\$4,580				