

**MUHS Insurance Deductions
2022-2023**

MEDICAL - KAIROS							
	Coverage	Monthly Premium	Monthly Combined Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost
Co-Pay	Employee Only	657.00	657.00	657.00	0.00	0.00	0.00
	Add Spouse	593.00	1,250.00	657.00	(355.80)	(593.00)	(7,116.00)
	Add Child(ren)	460.00	1,117.00	657.00	(276.00)	(460.00)	(5,520.00)
	Add Family	960.00	1,617.00	657.00	(576.00)	(960.00)	(11,520.00)
HDHP \$1,500	Employee Only	525.00	525.00	657.00	79.20	132.00	1,584.00
	Add Spouse	470.00	995.00	657.00	(202.80)	(338.00)	(4,056.00)
	Add Child(ren)	366.00	891.00	657.00	(140.40)	(234.00)	(2,808.00)
	Add Family	765.00	1,290.00	657.00	(379.80)	(633.00)	(7,596.00)
HDHP \$5,000	Employee Only	373.00	373.00	657.00	170.40	284.00	3,408.00
	Add Spouse	337.00	710.00	657.00	(31.80)	(53.00)	(636.00)
	Add Child(ren)	260.00	633.00	657.00	14.40	24.00	288.00
	Add Family	545.00	918.00	657.00	(156.60)	(261.00)	(3,132.00)

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DENTAL AND VISION							
	Coverage	Monthly Premium	Monthly Combined Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost
Dental	Employee Only	31.50	31.50	31.50	0.00	0.00	0.00
	Add Spouse	36.20	67.70	31.50	(21.72)	(36.20)	(434.40)
	Add Child(ren)	50.74	82.24	31.50	(30.44)	(50.74)	(608.88)
	Add Family	104.02	135.52	31.50	(62.41)	(104.02)	(1,248.24)
Basic Vision	Employee Only	6.08	6.08	6.08	0.00	0.00	0.00
	Add Spouse	3.64	9.72	6.08	(2.18)	(3.64)	(43.68)
	Add Child(ren)	3.85	9.93	6.08	(2.31)	(3.85)	(46.20)
	Add Family	9.92	16.00	6.08	(5.95)	(9.92)	(119.04)
Vision with Progressive Lens	Employee Only	7.61	7.61	7.61	0.00	0.00	0.00
	Add Spouse	4.56	12.17	7.61	(2.74)	(4.56)	(54.72)
	Add Child(ren)	4.81	12.42	7.61	(2.89)	(4.81)	(57.72)
	Add Family	12.42	20.03	7.61	(7.45)	(12.42)	(149.04)

**Deductions will be taken out from Pay Peirod 4 (Pay Date 8/26/22) through Pay Period 23 (Pay Date 5/19/23)