

## 2023 Health Care Costs by Unit/Pak\*\*

\*Per pay premiums subject in proration (increase) based on hire date effective through 12-31-2023

KINGS	JEA - Teachers		JESA 10-month		JESA 12-month		Non-Unit		JESPA		JPSAA		
	Single:	\$111.63	Single:	\$105.29	Single:	\$87.74	Single:	\$87.74	Single:	\$105.29	Single:	\$111.6	
Per pay Premiums	2-person:	\$299.17	2-person:	\$294.50	2-person:	\$245.42	2-person:	\$245.42	2-person:	\$294.50	2-person:	\$299.1	
(24 Pays)	Family:	\$333.64	Family:	\$320.09	Family:	\$266.74	Family:	\$266.74	Family:	\$320.09	Family:	\$333.6	
Annual Deductible	\$500 S   \$2	1,000 2P/F			\$1,00	00 Single   \$2,	000 2-Person &	Family			\$500 S	\$1,000 2	
Medical Copayment	\$20 online visit   \$20 office visit   \$20 specialist visit   \$25 urgent care   \$50 emergency room												
Medical Coinsurance	0%												
	Medical:		Medical:								_	Medical:	
	\$1,500 S			\$2,000 \$								\$1,500 S \$3,000 2P/F <b>Prescription:</b>	
Maximums Annual Out-of-Pocket	\$3,000 2P/F <u>Prescription:</u>			\$4,000 2P/F  Prescription:									
	\$1,000 S						,000 S				\$1,000 S		
	\$2,000						00 2P/F				\$2,000 2P/F		
Rx Coverage						Sa	iver Rx						
Per pay Premiums (24 Pays)	2-person: Family:	\$314.65 \$322.35	2-person: Family:	\$377.58 \$386.82	2-person: Family:	\$314.65 \$322.35	2-person: Family:	\$314.65 \$322.35	2-person: Family:	\$377.58 \$386.82	2-person: Family:	\$299 \$322	
Annual					Single coverage		•						
Annual Deductible Medical Copayment		*When		es are covere	single coverage subject to chang d under this plan ot Applicable w	ge each Jan. 1 n, the entire fo	according to IR  amily deductible  ctible Health Sa	S rules govern must be met	ing HSA-qualifie before claims a	•	y individual.		
Deductible  Medical Copayment  Medical Coinsurance		*When		es are covere	subject to chang d under this pla	ge each Jan. 1 n, the entire fo rith High Dedu	according to IR amily deductible ctible Health Sa 0%	S rules govern must be met	ing HSA-qualifie before claims a	•	y individual.		
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual		*When		es are covere	subject to chang d under this place ot Applicable w	ge each Jan. 1 n, the entire fo rith High Dedu Single cov	according to IR amily deductible ctible Health Sa 0% verage: \$2,500	S rules governe must be met wings Account	ing HSA-qualifie before claims a	•	y individual.	_	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket		*When		es are covere	subject to chang d under this place ot Applicable w	ge each Jan. 1 n, the entire fo vith High Dedu Single cov -Person & Fam	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5	S rules governe must be met wings Account	ing HSA-qualifie before claims a	•	y individual.		
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage		*When		es are covere	subject to chan d under this pla lot Applicable w 2-	ge each Jan. 1 n, the entire for vith High Dedu Single cov Person & Fam	according to IR amily deductible ctible Health Sa 0% verage: \$2,500	S rules governe must be met wings Account	ing HSA-qualifie before claims a	•	,	÷ \$1,15	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage  HSA District		*When		es are covere	subject to chan d under this pla lot Applicable w 2- Single	ge each Jan. 1 n, the entire for vith High Dedu Single cov -Person & Fam A	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 BC Rx	S rules governe must be met wings Account	ing HSA-qualifie before claims a	•	Single 2-Persor	\$2,62	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage		*When		es are covere	subject to chan d under this pla lot Applicable w 2- Single	ge each Jan. 1 n, the entire for vith High Dedu Single cov Person & Fam	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 BC Rx	S rules governe must be met wings Account	ing HSA-qualifie before claims a	•	Single 2-Persor	\$2,62	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage  HSA District			two or more liv	es are covere	subject to chan d under this pla lot Applicable w 2- Single 2-Person &	ge each Jan. 1 n, the entire for vith High Dedu  Single cov -Person & Fam A e \$1,500 Family \$3,000	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5	S rules govern e must be met vings Account 5,000	ing HSA-qualifie before claims a (HSA)	re paid for an	Single 2-Persor Family	\$1,150 \$2,620 \$3,000	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage  HSA District	Single:	\$58.82	two or more liv	ses are covered N	subject to chand under this plan lot Applicable w  2-  Single 2-Person &  Single:	ge each Jan. 1 n, the entire for vith High Dedu  Single cov Person & Fam A 2 \$1,500 Family \$3,000	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 BC Rx  Single:	S rules governe must be met vings Account	ing HSA-qualifie before claims a (HSA)	re paid for an	Single:	\$2,62 \$3,00 \$58.8	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual  Out-of-Pocket  Rx Coverage  HSA District  Contribution/Yr.	2-person:	\$58.82 \$180.34	Single: 2-person:	\$70.58 \$216.41	subject to chand under this plaid of Applicable we single 2-Person & Single 2-person:	ge each Jan. 1 n, the entire for vith High Dedu  Single cov Person & Fam  A 2 \$1,500 Family \$3,000  \$58.82 \$180.34	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 BC Rx  Single: 2-person:	S rules governe must be met vings Account 5,000 \$58.82 \$180.34	Single: 2-person:	\$70.58 \$216.41	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)	_	\$58.82	two or more liv	ses are covered N	subject to chand under this plan lot Applicable w  2-  Single 2-Person &  Single:	ge each Jan. 1 n, the entire for fith High Dedu  Single cov. Person & Fam  A e \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76	according to IR amily deductible Ctible Health Sa 0% Verage: \$2,500 illy coverage: \$5 BC Rx  Single: 2-person: Family:	S rules governe must be met vings Account	ing HSA-qualifie before claims a (HSA)	re paid for an	Single:	\$2,62	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to change dunder this plan lot Applicable we single 2-Person & Single 2-person: Family:	ge each Jan. 1 n, the entire for fith High Dedu  Single cov. Person & Fam  A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 BC Rx  Single: 2-person: Family:   \$2,000 2P/F	S rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chand under this plaid of Applicable we single 2-Person & Single 2-person:	ge each Jan. 1 n, the entire for the High Dedu  Single con- Person & Fam  A e \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S  it   \$20 specia	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2P/F list visit   \$25 u	S rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment  Medical Coinsurance	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chan, d under this pla. lot Applicable w  2-  Single 2-Person &  Single: 2-person: Family:	ge each Jan. 1 n, the entire for the High Dedu  Single con- Person & Fam  A e \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S  it   \$20 specia	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 iily coverage: \$5 IBC Rx  Single: 2-person: Family:   \$2,000 2P/F list visit   \$25 u	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$3	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chan, d under this pla, lot Applicable w  2-  Single 2-Person &  Single: 2-person: Family:    \$20 office vis	ge each Jan. 1 n, the entire for the High Dedu  Single con- Person & Fam  A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S  it   \$20 specia	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2P/F list visit   \$25 u	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$3	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment  Medical Coinsurance Max. Annual	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chan, d under this pla, lot Applicable w  2-  Single 2-Person &  Single: 2-person: Family:    \$20 office vis	ge each Jan. 1 n, the entire for the High Dedu  Single covPerson & Fam. A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 \$5 it   \$20 \$pecia  \$3,000 \$ingle on: \$1,000	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 iily coverage: \$5 IBC Rx  Single: 2-person: Family:   \$2,000 2P/F   list visit   \$25 u 10%   \$6,000 2-Pers	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$3	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment  Medical Coinsurance Max. Annual Out-of-Pocket	2-person:	\$58.82 \$180.34	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chan, d under this pla, lot Applicable w  2-  Single 2-Person &  Single: 2-person: Family:    \$20 office vis	ge each Jan. 1 n, the entire for the High Dedu  Single cov. Person & Fam A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S  it   \$20 specia  \$3,000 Single in: \$1,000 Single Signary Single	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 illy coverage: \$5 IBC Rx  Single: 2-person: Family:   \$2,000 2P/F list visit   \$25 u 10%   \$6,000 2-Personer Rx	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$3	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person:	\$2,62 \$3,00 \$58.8 \$180	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment Medical Coinsurance Max. Annual Out-of-Pocket Rx Coverage	2-person: Family:	\$58.82 \$180.34 \$185.76	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to change dunder this plan to Applicable we see the control of Applicable we see the contro	ge each Jan. 1 n, the entire for the High Dedu  Single con- Person & Fam  A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S it   \$20 special \$3,000 Single on: \$1,000	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2PF list visit   \$25 u 10%   \$6,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$: con & Family erson & Family	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person: Family:	\$2,62 7 \$3,00 \$58.8 \$180	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage  HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment  Medical Coinsurance Max. Annual Out-of-Pocket	2-person: Family:	\$58.82 \$180.34 \$185.76	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	subject to chan, d under this pla. lot Applicable w  2-  Single: 2-Person &  Single: 2-person: Family:    \$20 office vis    Medical:   Prescriptio    Health Insertices are considered and	ge each Jan. 1 n, the entire for the High Dedu  Single covPerson & Fam A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 \$ sit   \$20 \$pecial \$3,000 \$Single to the sine \$1,000 \$ standard Rx in a calendard Rx in a calendard residue.	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2PF list visit   \$25 u 10%   \$6,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$: con & Family erson & Family	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person: Family:	\$2,62 \$3,00 \$58.8 \$180	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment Medical Coinsurance Max. Annual Out-of-Pocket Rx Coverage	2-person: Family:	\$58.82 \$180.34 \$185.76 The most you A fixed perce	Single: 2-person: Family:  \$ have to pay fo ntage you pay f	\$70.58 \$216.41 \$222.92 20 online visit	subject to change dunder this plan dunder the plan dund	ge each Jan. 1 n, the entire for the High Dedu  Single coveres on & Fam  A 2 \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S it   \$20 special \$3,000 Single in: \$1,000 Single	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2PF list visit   \$25 u 10%   \$6,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person le   \$2,000 2-Person	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$: con & Family erson & Family	Single: 2-person: Family:	\$70.58 \$216.41 \$222.92	Single: 2-person: Family:	\$2,62 \$3,00 \$58.8 \$180.	
Deductible  Medical Copayment  Medical Coinsurance  Max. Annual Out-of-Pocket Rx Coverage HSA District Contribution/Yr.  Per pay Premiums (24 Pays)  Annual Deductible Medical Copayment Medical Coinsurance Max. Annual Out-of-Pocket Rx Coverage	2-person: Family:  cket maximum Coinsurance Copayment	\$58.82 \$180.34 \$185.76 The most you A fixed perce A fixed amou	Single: 2-person: Family:  shave to pay for ant you pay for ant you pay for any for an	\$70.58 \$216.41 \$222.92  20 online visit	subject to chan, d under this pla. lot Applicable w  2-  Single: 2-Person &  Single: 2-person: Family:    \$20 office vis    Medical:   Prescriptio    Health Insertices are considered and	ge each Jan. 1 n, the entire for the High Dedu  Single con- Person & Fam  A e \$1,500 Family \$3,000  \$58.82 \$180.34 \$185.76 \$1,000 S it   \$20 special \$3,000 Single on: \$1,000	according to IR amily deductible ctible Health Sa 0% verage: \$2,500 aily coverage: \$5 BBC Rx  Single: 2-person: Family:   \$2,000 2PF list visit   \$25 u 10%   \$6,000 2-Person le   \$2,000 2-Person le	\$ rules govern e must be met vings Account 5,000  \$58.82 \$180.34 \$185.76  rgent care   \$: con & Family erson & Family ding deductible	Single: 2-person: Family:  e, copayments	\$70.58 \$216.41 \$222.92	Single: 2-person: Family:  Single: 2-person: Family:	\$2,62 \$3,00 \$58.8 \$180.	