

2023 Employee Benefit Contributions (per pay)

These rates do not include the Southwest General Wellness Program rate incentives. Please see page 15 for the wellness incentives that can reduce your bi-weekly medical plan premiums.

MEDICAL PLANS	MHS CONSUMER DRIVEN HEALTH PLAN (CDHP)	FULL-TIME	HALF-TIME
	Employee	\$116.51	\$124.12
	Employee + Child	\$148.39	\$163.76
	Employee + Spouse*	\$247.14	\$265.46
	Employee + Children	\$169.44	\$191.51
	Family*	\$268.41	\$292.05
	MHS BASIC PPO PLAN	FULL-TIME	HALF-TIME
	Employee	\$146.65	\$160.37
	Employee + Child	\$180.75	\$202.78
	Employee + Spouse*	\$286.01	\$311.18
	Employee + Children	\$195.23	\$223.23
	Family*	\$310.13	\$341.32
	MHS HIGH PPO PLAN	FULL-TIME	HALF-TIME
	Employee	\$250.39	\$286.87
	Employee + Child	\$383.28	\$452.73
Employee + Spouse*	\$518.00	\$594.76	
Employee + Children	\$436.74	\$523.79	
Family*	\$625.63	\$729.32	

DENTAL PLANS	CIGNA TOTAL DPPO PLAN	FULL-TIME	HALF-TIME
	Employee	\$9.22	\$11.02
	Employee + Child	\$17.46	\$20.83
	Employee + Spouse	\$17.46	\$20.83
	Employee + Children	\$29.16	\$35.45
	Family	\$29.16	\$35.45
	CIGNA DENTAL CARE DHMO	FULL-TIME	HALF-TIME
	Employee	\$ 6.55	\$ 7.68
	Employee + Child	\$12.71	\$14.89
	Employee + Spouse	\$12.71	\$14.89
	Employee + Children	\$18.41	\$22.01
Family	\$18.41	\$22.01	

VISION PLAN	VSP VISION PLAN	FULL-TIME	HALF-TIME
	Employee	\$2.76	\$2.76
	Employee + Child	\$5.03	\$5.03
	Employee + Spouse	\$5.03	\$5.03
	Employee + Children	\$8.77	\$8.77
	Family	\$8.77	\$8.77

*A \$225 monthly spousal surcharge (\$103.85 per pay) will be added to the medical benefit cost when a covered spouse has medical coverage available at his or her place of employment.