

Wyandot Crawford Health Benefit Fund

Health Insurance Rates

\$200K Specific Deductible Amount

Medical & Rx Rates effective 1-1-2024

		8.0%	11.0%	5.45%	3.0%	6.5%	7.0%	9.845%
		Approved Rates	Approved Rates	Approved Rates	Approved Rates	Approved Rates	Approved Rates	Approved Rates
2 Tier Rates		1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022	1/1/2023	1/1/2024
Common Plan A								
	Single	\$611.82	\$679.12	\$716.13	\$737.61	\$785.56	\$840.55	\$923.30
	Family	\$1,670.25	\$1,853.98	\$1,955.02	\$2,013.67	\$2,144.56	\$2,294.68	\$2,520.59
Common Plan B								
	Single	\$542.43	\$602.10	\$634.91	\$653.96	\$696.47	\$745.22	\$818.59
	Family	\$1,480.82	\$1,643.71	\$1,733.29	\$1,785.29	\$1,901.34	\$2,034.43	\$2,234.72
Common Plan C								
	Single	\$510.45	\$566.59	\$597.47	\$615.40	\$655.40	\$701.28	\$770.32
	Family	\$1,393.52	\$1,546.81	\$1,631.11	\$1,680.04	\$1,789.25	\$1,914.49	\$2,102.97
3 Tier Rates								
Common Plan A								
	Single	\$611.82	\$679.12	\$716.13	\$737.61	\$785.56	\$840.55	\$923.30
	2 Party	\$1,394.96	\$1,548.40	\$1,632.79	\$1,681.77	\$1,791.09	\$1,916.47	\$2,105.15
	Family	\$1,949.27	\$2,163.69	\$2,281.61	\$2,350.05	\$2,502.81	\$2,678.00	\$2,941.65
Common Plan B								
	Single	\$542.43	\$602.10	\$634.91	\$653.96	\$696.47	\$745.22	\$818.59
	2 Party	\$1,236.75	\$1,372.80	\$1,447.61	\$1,491.04	\$1,587.96	\$1,699.12	\$1,866.40
	Family	\$1,728.20	\$1,918.30	\$2,022.85	\$2,083.53	\$2,218.96	\$2,374.29	\$2,608.04
Common Plan C								
	Single	\$510.45	\$566.59	\$597.47	\$615.40	\$655.40	\$701.28	\$770.32
	2 Party	\$1,163.83	\$1,291.85	\$1,362.26	\$1,403.12	\$1,494.33	\$1,598.93	\$1,756.35
	Family	\$1,626.29	\$1,805.19	\$1,903.57	\$1,960.68	\$2,088.12	\$2,234.29	\$2,454.26

8/26/2022