

H & D Soli
Premium Reference Sheet

Effective Date January 1, 2023

Group Health Insurance Options - 3 Plans to choose from				
Option 1: Providence Balance \$8,000 deductible				
	Total Premium	Employer monthly Contribution	Employee monthly Contribution	Employee Estimated Monthly after-tax Contribution
Single	\$580.55	\$435.41	\$145.14	\$101.60
Single + Children	NA			
Single + Spouse	NA			
Family	NA			

Option 2: Providence Blance \$2,500 deductible				
Rate Tiers	Total Premium	Employer monthly Contribution	Employee monthly Contribution	Employee Estimated Monthly after-tax Contribution
Single	\$711.15	\$435.41	\$275.74	\$193.02
Single + Children	NA			
Single + Spouse	NA			
Family	NA			

Option 3: Providence Platinum Total Enhanced \$250 deductible				
Rate Tiers	Total Premium	Employer monthly Contribution	Employee monthly Contribution	Employee Estimated Monthly after-tax Contribution
Single	\$997.80	\$435.41	\$562.39	\$393.67
Single + Children	NA			
Single + Spouse	NA			
Family	NA			

1: Not intended for distribution to employees

2: Rates are based on most recent proposal. Rates can change at final enrollment if enrollment is different than proposed.

3: Contact Stuart Ouellette if you have any questions on this document. (503) 282-0827