

## 2023 Aetna Health Rates

### Health Reimbursement Account (HRA) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Employee Contribution (Per Pay)	Retiree	COBRA
Employee Only	\$913.36	\$913.36	\$0.00	\$0.00	\$913.36	\$931.63
Employee & Spouse/DP	\$1,692.42	\$913.36	\$779.06	\$389.53	\$1,692.42	\$1,726.27
Employee & Child(ren)	\$1,574.64	\$913.36	\$661.28	\$330.64	\$1,574.64	\$1,606.14
Employee & Family	\$1,946.21	\$913.36	\$1,032.85	\$516.43	\$1,946.21	\$1,985.14
Dual	-	<b>\$1,826.72</b>	<b>\$119.49</b>	<b>\$59.75</b>	-	-

### Point of Service (POS) Plan

Plan Type	Monthly Premium	Employer Contribution (Per Month)	Employee Contribution (Per Month)	Employee Contribution (Per Pay)	Retiree	COBRA
Employee Only	\$1,328.39	\$913.36	\$415.03	\$207.52	\$1,328.39	\$1,354.96
Employee & Spouse/DP	\$2,463.31	\$913.36	\$1,549.95	\$774.98	\$2,463.31	\$2,512.57
Employee & Child(ren)	\$2,291.78	\$913.36	\$1,378.42	\$689.21	\$2,291.78	\$2,337.62
Employee & Family	\$2,832.85	\$913.36	\$1,919.49	\$959.75	\$2,832.85	\$2,889.51
Dual	-	<b>\$1,826.72</b>	<b>\$1,006.13</b>	<b>\$503.07</b>	-	-