



**Council Rock School District
2023-24 Health Plan Contribution Rates
Effective 09/01/2023 - 08/31/2024**

| CREA | | | | |
|---|---------------|----------------|---------------|---------------|
| PERSONAL CHOICE C4F302 with \$10/\$30/\$50 Rx | | | | |
| Costs by Coverage Level | Yearly | Monthly | 24 Pay | 20 Pay |
| Single | \$1,492.68 | \$124.39 | \$62.20 | \$74.63 |
| Employee plus Child | \$2,836.20 | \$236.35 | \$118.18 | \$141.81 |
| Employee plus Children | \$3,358.56 | \$279.88 | \$139.94 | \$167.93 |
| Employee plus Spouse | \$3,657.12 | \$304.76 | \$152.38 | \$182.86 |
| Family | \$4,030.32 | \$335.86 | \$167.93 | \$201.52 |
| PERSONAL CHOICE C3F101 with \$10/\$30/\$50 Rx | | | | |
| Costs by Coverage Level | Yearly | Monthly | 24 Pay | 20 Pay |
| Single | \$1,671.84 | \$139.32 | \$69.66 | \$83.59 |
| Employee plus Child | \$3,176.64 | \$264.72 | \$132.36 | \$158.83 |
| Employee plus Children | \$3,761.76 | \$313.48 | \$156.74 | \$188.09 |
| Employee plus Spouse | \$4,096.20 | \$341.35 | \$170.68 | \$204.81 |
| Family | \$4,514.16 | \$376.18 | \$188.09 | \$225.71 |
| PERSONAL CHOICE HDHP HD1-HC1 with Integrated \$10/\$30/\$50 Rx | | | | |
| Costs by Coverage Level | Yearly | Monthly | 24 Pay | 20 Pay |
| Single | \$649.80 | \$54.15 | \$27.08 | \$32.49 |
| Employee plus Child | \$1,234.56 | \$102.88 | \$51.44 | \$61.73 |
| Employee plus Children | \$1,461.96 | \$121.83 | \$60.92 | \$73.10 |
| Employee plus Spouse | \$1,591.92 | \$132.66 | \$66.33 | \$79.60 |
| Family | \$1,754.40 | \$146.20 | \$73.10 | \$87.72 |

| Retiree/COBRA Rates |
|----------------------------|
| \$746.34 |
| \$1,418.09 |
| \$1,679.30 |
| \$1,828.55 |
| \$2,015.16 |

| Retiree/COBRA Rates |
|----------------------------|
| \$761.57 |
| \$1,447.02 |
| \$1,713.57 |
| \$1,865.88 |
| \$2,056.29 |

| Retiree/COBRA Rates |
|----------------------------|
| \$690.37 |
| \$1,311.73 |
| \$1,553.35 |
| \$1,691.43 |
| \$1,864.03 |



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| \$2,015.16 |

| Retiree/COBRA Rates |
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| Retiree/COBRA Rates |
|---------------------|
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**Council Rock School District
2023-24 Health Plan Contribution Rates
Effective 09/01/2023 - 08/31/2024**

| CRESPA/CONFIDENTIALS | | | | |
|--|---------------|----------------|---------------|---------------|
| PERSONAL CHOICE C4F302 with \$10/\$30/\$50 Rx | | | | |
| Costs by Coverage Level | Yearly | Monthly | 24 Pay | 20 Pay |
| Single | \$1,141.44 | \$95.12 | \$47.56 | \$57.07 |
| Employee plus Child | \$2,168.88 | \$180.74 | \$90.37 | \$108.44 |
| Employee plus Children | \$2,568.36 | \$214.03 | \$107.02 | \$128.42 |
| Employee plus Spouse | \$2,796.60 | \$233.05 | \$116.53 | \$139.83 |
| Family | \$3,081.96 | \$256.83 | \$128.42 | \$154.10 |
| PERSONAL CHOICE C3F101 with \$10/\$30/\$50 Rx | | | | |
| Costs by Coverage Level | Yearly | Monthly | 24 Pay | 20 Pay |
| Single | \$1,320.60 | \$110.05 | \$55.03 | \$66.03 |
| Employee plus Child | \$2,509.32 | \$209.11 | \$104.56 | \$125.47 |
| Employee plus Children | \$2,971.56 | \$247.63 | \$123.82 | \$148.58 |
| Employee plus Spouse | \$3,235.68 | \$269.64 | \$134.82 | \$161.78 |
| Family | \$3,565.80 | \$297.15 | \$148.58 | \$178.29 |

| Retiree/COBRA Rates |
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| \$1,418.09 |
| \$1,679.30 |
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