2023 CONTRIBUTION RATES - SARCOG

The charts below summarize County and Employee contribution rates for coverage in 2023.

MEDICAL & PRESCRIPTION COVERAGE - MEDICAL MUTUAL OF OHIO & EXPRESS SCRIPTS

Advantage Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$17.80	\$338.44
Family	\$48.00	\$911.38

MedFlex Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$6.90	\$270.73
Family	\$18.70	\$728.99

Maximum Value Plan w/HSA		Employee Bi-Weekly	Employer Bi-Weekly
Sin	gle	\$6.80	\$220.77
Far	nilv	\$18.40	\$594.48

Minimum Value Plan

	Employee Bi-Weekly	Employer Bi-Weekly
Single	\$5.80	\$186.66
Family	\$15.60	\$502.71

DENTAL COVERAGE

Guardian Dental PPO & Value Plans

	Employee Bi-Weekly	Employer Bi-Weekly
Single	N/A	\$14.41
Family	N/A	\$42.71

VISION COVERAGE

Davis Vision

	Етріоуее ві-жеекіу	Employer BI-Weekly
Single	N/A	\$1.98
Family	N/A	\$5.46

Waiver Program – County employees have a cash option that may be exercised if they decline medical and prescription coverage and provide proof that they are covered under another medical plan outside the County's program. County employees that are married or related to each other and elect County coverage under one employee are not eligible for the waiver. Those opting out will receive \$50 per month. You will still be eligible for the other employee benefit programs. Employees are subject to the applicable terms of their collective bargaining agreement.