



2023 Health Insurance Premiums and Costs

Changes for 2023

- **No changes** to either single or family weekly premiums. **6th straight year of no premium increases!**
- **No changes** to the dollar amount of premium incentives.

Emergency Room Copay
Increasing by \$50; From \$100 - \$150

	Weekly Base Premiums	Annual Deductible
Single (Employee Only)	\$58.00	\$500.00
Family (Any/All Family)	\$116.00	\$1000.00

Health Fair Incentives

Employee and eligible spouses who participated in the DeLong's, Inc sponsored Health Fair in 2022 will be eligible for the following reduction(s) in weekly premiums for the 2023 plan year. Active employees and/or eligible spouse who did not participate in the 2022 health fair will not be eligible for this incentive until the 2024 plan year.

Health Fair Incentive Amounts		
	Single	Family
Employee participation	\$10.00	\$10.00
Employee and spouse participation	N/A	\$20.00
Employee Participation with no spouse listed on Plan	N/A	\$20.00

Non-Tobacco + Non-Marijuana User Incentive

If the employee and/or spouse meet the criteria to be considered a Non-Tobacco User **AND** a Non-Marijuana User for the 2023 plan year, will be eligible for the following reduction(s) in weekly premiums for the 2023 plan year. Active employees and/or eligible spouses who do not currently meet the criteria to be considered a non-tobacco **AND** user will not be eligible for this incentive until the 2024 plan year.

Non-Tobacco + Non-Marijuana User Incentive Amounts		
	Single	Family
Employee is non-tobacco AND non-marijuana user	\$14.00	\$14.00
Employee and spouse are non-tobacco AND non-marijuana users	N/A	\$28.00
Employee is a non-tobacco AND non-marijuana user with no spouse listed on Plan	N/A	\$28.00

Weekly single premiums can range from **\$34.00** (with all incentives applied) to **\$58.00** (with no incentives applied).

Weekly family premiums can range from **\$68.00** (with all incentives applied) to **\$116.00** (with no incentives applied).

Maximum Out of Pocket Costs will increase for 2022 to the amounts listed below:

	In-Network		Out-of-Network	
Single	Deductible	\$500.00	Deductible	\$500.00
	Co-Insurance Limit	\$1,000.00	Co-Insurance Limit	\$1,600.00*
	Total Max	\$1,500.00	Total Max	\$2,100.00*
Family	Deductible	\$1,000.00	Deductible	\$1,000.00
	Co-Insurance Limit	\$2,000.00	Co-Insurance Limit	\$3,100.00*
	Total Max	\$3,000.00	Total Max	\$4,100.00*

*Out-of-network spending maximums **cannot** be guaranteed, as out-of-network providers are not obligated to honor in-network pricing agreements. If the out-of-network provider charges more than the in-network agreements, the employee will be responsible for any additional charges, which could exceed the stated maximums above.