

**ESC Lorain County
Health Insurance Rates
Effective July 1, 2024**

PPO #1	Rate	85%		84%		80%	
		Bd. Share	Employee	Bd. Share	Employee	Bd. Share	Employee
Medical & Prescription (S)	\$ 959.58	\$ 815.64	\$ 143.94	\$ 806.05	\$ 153.53	\$ 767.66	\$ 191.92
Medical & Prescription (F)	\$ 2,398.96	\$ 2,039.12	\$ 359.84	\$ 2,015.13	\$ 383.83	\$ 1,919.17	\$ 479.79
Dental (S)	\$ 39.59	\$ 33.65	\$ 5.94	\$ 33.26	\$ 6.33	\$ 31.67	\$ 7.92
Dental (F)	\$ 104.92	\$ 89.17	\$ 15.75	\$ 88.12	\$ 16.80	\$ 83.93	\$ 20.99
Vision (S)	\$ 3.07	\$ 2.61	\$ 0.46	\$ 2.58	\$ 0.49	\$ 2.46	\$ 0.61
Vision (F)	\$ 8.44	\$ 7.17	\$ 1.27	\$ 7.09	\$ 1.35	\$ 6.75	\$ 1.69
Total (S)	\$ 1,002.24	\$ 851.90	\$ 150.34	\$ 841.88	\$ 160.36	\$ 801.79	\$ 200.45
Total (F)	\$ 2,512.32	\$ 2,135.46	\$ 376.86	\$ 2,110.35	\$ 401.97	\$ 2,009.86	\$ 502.46
Annual (S)	\$ 12,026.94	\$ 10,222.86	\$ 1,804.08	\$ 10,102.56	\$ 1,924.38	\$ 9,621.48	\$ 2,405.46
Annual (F)	\$ 30,147.82	\$ 25,625.53	\$ 4,522.29	\$ 25,324.17	\$ 4,823.65	\$ 24,118.36	\$ 6,029.46

Value Plan	Rate	85%		84%		80%	
		Bd. Share	Employee	Bd. Share	Employee	Bd. Share	Employee
Medical & Prescription (S)	\$ 700.33	\$ 595.28	\$ 105.05	\$ 588.28	\$ 112.05	\$ 560.26	\$ 140.07
Medical & Prescription (F)	\$ 1,750.83	\$ 1,488.21	\$ 262.62	\$ 1,470.70	\$ 280.13	\$ 1,400.66	\$ 350.17
Dental (S)	\$ 39.59	\$ 33.65	\$ 5.94	\$ 33.26	\$ 6.33	\$ 31.67	\$ 7.92
Dental (F)	\$ 104.92	\$ 89.17	\$ 15.75	\$ 88.12	\$ 16.80	\$ 83.93	\$ 20.99
Vision (S)	\$ 3.07	\$ 2.61	\$ 0.46	\$ 2.58	\$ 0.49	\$ 2.46	\$ 0.61
Vision (F)	\$ 8.44	\$ 7.17	\$ 1.27	\$ 7.09	\$ 1.35	\$ 6.75	\$ 1.69
Total (S)	\$ 742.99	\$ 631.54	\$ 111.45	\$ 624.11	\$ 118.88	\$ 594.39	\$ 148.60
Total (F)	\$ 1,864.19	\$ 1,584.55	\$ 279.64	\$ 1,565.92	\$ 298.27	\$ 1,491.35	\$ 372.84
Annual (S)	\$ 8,915.90	\$ 7,578.51	\$ 1,337.39	\$ 7,489.36	\$ 1,426.54	\$ 7,132.72	\$ 1,783.18
Annual (F)	\$ 22,370.23	\$ 19,014.58	\$ 3,355.65	\$ 18,790.99	\$ 3,579.24	\$ 17,896.18	\$ 4,474.05

Payroll Deduction Amounts	15%	16%	20%
Premium			
Employee Single	\$ 75.17	\$ 80.18	\$ 100.23
Employee Family	\$ 188.43	\$ 200.99	\$ 251.23

Monthly	15%	16%	20%
Premium			
	\$ 150.34	\$ 160.36	\$ 200.44
	\$ 376.86	\$ 401.98	\$ 502.46

Value	15%	16%	20%
Employee Single	\$ 55.72	\$ 59.44	\$ 74.30
Employee Family	\$ 139.82	\$ 149.13	\$ 186.42

Monthly	15%	16%	20%
Value	\$ 111.44	\$ 118.88	\$ 148.60
	\$ 279.64	\$ 298.26	\$ 372.84