

## HCOE Insurance Rates | .86 FTE | 2022-2023

### 12 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$1.78	\$114.78	\$23.78	\$136.78
Employee & Spouse/Partner	\$119.38	\$232.38	\$141.38	\$254.38
Employee & Children	\$73.88	\$186.88	\$95.88	\$208.88
Employee & Family	\$174.68	\$287.68	\$196.68	\$309.68

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

### 11 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$1.94	\$125.21	\$25.94	\$149.21
Employee & Spouse/Partner	\$130.23	\$1,041.58	\$154.23	\$277.51
Employee & Children	\$80.60	\$687.03	\$104.60	\$227.87
Employee & Family	\$190.56	\$1,472.49	\$214.56	\$337.83

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

### 10 Month

Oak				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$2.14	\$137.74	\$28.54	\$164.14
Employee & Spouse/Partner	\$143.26	\$278.86	\$169.66	\$305.26
Employee & Children	\$88.66	\$224.26	\$115.06	\$250.66
Employee & Family	\$209.62	\$345.22	\$236.02	\$371.62

Spruce				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Maple				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

Pine				
Benefit Choice*	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse/Partner	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Children	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Family	\$0.00	\$0.00	\$0.00	\$0.00

**Corrected Rates • May 13, 2022**

Plan Information and Benefit Summaries available at [ncsmig.org/medical](http://ncsmig.org/medical)