

Employee Group Health Plan Contributions - Open Enrollment

EDCERT, LLC - 5804300

Printed on: 11/08/2024
 Pay Frequency: SemiMonthly
 Contribution Frequency: Per Paycheck
 Benefits Waiting Period: 0 Days
 Effective Date: 01/01/2025
 Open Enrollment Period: 11/15/2024 - 01/01/2025

Coverage Option	Employee Only	Emp+Spouse or Domestic Partner	Employee + One Child	Employee + Children	Employee + Family
National					
UnitedHealthcare Choice Plus 1000	\$70.59	\$148.04	\$134.00	\$134.00	\$218.52
UnitedHealthcare Choice Plus 1500	\$67.34	\$140.90	\$127.58	\$127.58	\$207.96
UnitedHealthcare Choice Plus 2500	\$62.65	\$132.17	\$119.16	\$119.16	\$194.78
UnitedHealthcare Choice Plus 500 (80%)	\$73.12	\$153.74	\$139.15	\$139.15	\$227.08
UnitedHealthcare Choice Plus 6000	\$59.40	\$124.48	\$112.49	\$112.49	\$183.91
UnitedHealthcare Primary Advantage CP 2000	\$77.29	\$162.46	\$147.02	\$147.02	\$239.92
UnitedHealthcare Primary Advantage CP 4500	\$74.33	\$156.12	\$141.20	\$141.20	\$230.40
UnitedHealthcare Primary Advantage CP 5000	\$68.51	\$143.85	\$129.88	\$129.88	\$211.99
UnitedHealthcare Choice Plus HDHP 1650	\$43.87	\$92.09	\$83.15	\$83.15	\$135.63
UnitedHealthcare Choice Plus HDHP 3300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare Choice Plus HDHP 5000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
California HMOs					
Blue Shield of CA DHMO 1000 North	\$157.06	\$319.64	\$291.16	\$291.16	\$481.74
Blue Shield of CA DHMO 1000 South	\$125.37	\$253.23	\$230.99	\$230.99	\$382.84
Blue Shield of CA HMO North	\$228.79	\$464.77	\$423.32	\$423.32	\$700.93
Blue Shield of CA HMO South	\$170.16	\$343.97	\$313.72	\$313.72	\$521.33
Kaiser DHMO 1000 CA North	\$107.45	\$220.26	\$205.70	\$205.70	\$314.36
Kaiser DHMO 1000 CA South	\$86.49	\$190.19	\$172.74	\$172.74	\$258.83
Kaiser HMO CA North	\$150.19	\$309.81	\$288.53	\$288.53	\$441.80
Kaiser HMO CA South	\$120.31	\$264.25	\$239.98	\$239.98	\$360.02
UHC of CA Harmony HMO 1000 North	\$103.29	\$212.59	\$198.51	\$198.51	\$303.32
UHC of CA Harmony HMO 1000 South	\$74.17	\$152.90	\$142.34	\$142.34	\$217.87
UHC of CA Harmony HMO 2000 North	\$91.13	\$187.30	\$174.98	\$174.98	\$267.15
UHC of CA Harmony HMO 2000 South	\$65.20	\$134.49	\$125.53	\$125.53	\$192.09
UnitedHealthcare Signature Value HMO North	\$260.52	\$536.08	\$500.23	\$500.23	\$764.40
UnitedHealthcare Signature Value HMO South	\$186.22	\$383.93	\$357.98	\$357.98	\$548.03
Kaiser HMO HDHP CA North	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Kaiser HMO HDHP CA South	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Hawaii					
HMSA BlueCross BlueShield of Hawaii HMO	\$125.05	\$286.35	\$237.07	\$237.07	\$398.37
Kaiser HMO Hawaii	\$105.21	\$221.07	\$199.78	\$199.78	\$326.04
UnitedHealthcare Options PPO	\$184.70	\$386.72	\$349.50	\$349.50	\$571.15
Massachusetts					
HPHC Access America Best Buy 1000	\$70.59	\$148.04	\$134.00	\$134.00	\$218.52
HPHC Access America Best Buy 1500	\$67.34	\$140.90	\$127.58	\$127.58	\$207.96
HPHC Access America Best Buy 500 (80%)	\$73.12	\$153.74	\$139.15	\$139.15	\$227.08
HPHC Best Buy HMO 1000	\$69.73	\$146.70	\$132.30	\$132.30	\$209.03
HPHC Best Buy HMO 2000	\$63.73	\$133.82	\$121.10	\$121.10	\$191.35
HPHC HMO	\$82.93	\$173.82	\$157.10	\$157.10	\$248.47
HPHC Access America Best Buy HDHP 1650	\$43.87	\$92.09	\$83.15	\$83.15	\$135.63
HPHC Access America Best Buy HDHP 3300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HPHC Best Buy HDHP HMO 3300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
National Out-of-Area (Indemnity)					
UnitedHealthcare Out-of-Area 500	\$184.70	\$386.72	\$349.50	\$349.50	\$571.15
UnitedHealthcare Out-of-Area HDHP 1650	\$43.87	\$92.09	\$83.15	\$83.15	\$135.63
UnitedHealthcare Out-of-Area HDHP 3300	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UnitedHealthcare Out-of-Area HDHP 5000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental and Vision					
UnitedHealthcare Dental PPO 50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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1650 Deductible - HDHP	\$825.00	\$1,650.00	\$1,650.00	\$1,650.00	\$1,650.00
3300 Deductible - HDHP	\$1,650.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00
5000 Deductible - HDHP	\$1,650.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00
HPHC Best Buy HDHP HMO 3300	\$1,650.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00
Kaiser HMO HDHP CA North	\$1,650.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00
Kaiser HMO HDHP CA South	\$1,650.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00

Notes

This document reflects the Insperity Group Health Plan contribution amounts that will apply to elections made during the annual open enrollment period indicated above. These amounts may be different than the contribution amounts currently in effect.

The contribution amounts are reflected on either a per pay period or monthly basis, as indicated above under 'Contribution Frequency'. If the 'Contribution Frequency' displayed is 'monthly', employees who want to know the contribution amount based on pay frequency should request the 'per pay period' version of this document. Amounts are subject to change and this document is not a guarantee that the contribution amounts reflected will remain in place for the full coverage period.

Eligibility for Insperity Group Health Plan coverage is subject to satisfaction of the waiting period indicated above (if any). The availability of coverage options is based on the employee's zip code. For information on which options are available, employees can refer to the online benefits enrollment tool (if they are in an enrollment period) or call the Insperity Contact Center at 866-715-3552.

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