PNW 2024 HealthExchange Monthly Cost

Plan	Participant	2-party	Family
Medical			
PPO B1000	1,056.00	2,006.00	2,746.00
CDHP C2000	1,014.00	1,926.00	2,636.00
CDHP C3000	883.00	1,677.00	2,295.00
HDHP H2000	988.00	1,878.00	2,570.00
HDHP H2500	849.00	1,613.00	2,207.00
HDHP H5000	797.00	1,513.00	2,071.00
Dental			
Passive PPO 2000	60.00	120.00	180.00
PPO	50.00	101.00	151.00
HMO	16.00	30.00	53.00
Vision			
Exam Core	0.00	0.00	0.00
Full Service	8.00	13.00	20.00
Premier	14.00	23.00	36.00
Premium Credit	(951.00)	(951.00)	(1,636.00)

bgalvin 11/2/23
2024 HealthFlex Monthly Rates