

El Paso County Health Benefits

Employee Rate Sheet
1/1/2023 thru 12/31/2023



The Hospitals of
PROVIDENCE

Consumer Driven Health Plan Aetna Whole Health (AWH)

Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$349.94	\$5.40	\$5.30	\$5.19	\$5.09
Employee & Spouse	\$494.93	\$181.09	\$177.47	\$173.85	\$170.23
Employee & Child(ren)	\$460.88	\$127.05	\$124.51	\$121.96	\$119.43
Employee & Family	\$643.38	\$296.71	\$290.78	\$284.85	\$278.91

Core Plan

Aetna Whole Health (AWH)

Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$358.17	\$36.03	\$35.32	\$34.59	\$33.88
Employee & Spouse	\$522.04	\$282.20	\$276.56	\$270.92	\$265.27
Employee & Child(ren)	\$485.29	\$218.07	\$213.71	\$209.36	\$204.99
Employee & Family	\$683.67	\$446.96	\$438.02	\$429.08	\$420.14

