

El Paso County Health Benefits

Employee Rate Sheet
1/1/2024 thru 12/31/2024



Traditional Consumer Driven Health Plan

Employee Bi-Weekly Contribution

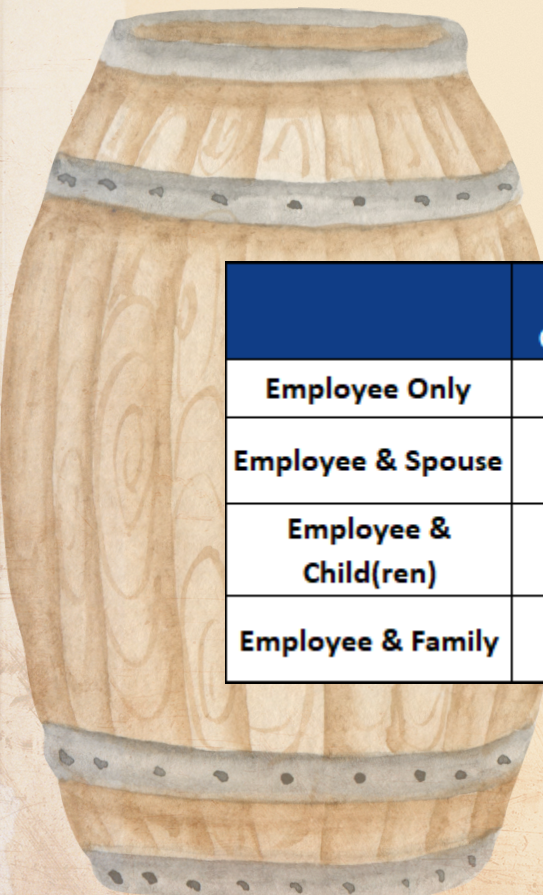
	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$396.60	\$6.12	\$6.01	\$5.89	\$5.76
Employee & Spouse	\$581.44	\$184.71	\$181.02	\$177.32	\$173.63
Employee & Child(ren)	\$536.74	\$129.59	\$127.00	\$124.41	\$121.81
Employee & Family	\$762.80	\$302.64	\$296.59	\$290.53	\$284.48

Traditional Core Plan

Employee Bi-Weekly Contribution



	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$405.93	\$40.84	\$40.02	\$39.21	\$38.39
Employee & Spouse	\$623.63	\$287.85	\$282.09	\$276.34	\$270.58
Employee & Child(ren)	\$574.70	\$222.44	\$217.99	\$213.54	\$209.09
Employee & Family	\$825.48	\$455.90	\$446.78	\$437.66	\$428.55



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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	\$356.94	\$4.97	\$4.88	\$4.77	\$4.68
Employee & Spouse	\$521.49	\$149.94	\$146.94	\$143.94	\$140.94
Employee & Child(ren)	\$481.79	\$105.20	\$103.10	\$100.99	\$98.89
Employee & Family	\$683.55	\$245.67	\$240.76	\$235.84	\$230.93



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	\$365.33	\$33.15	\$32.49	\$31.82	\$31.17
Employee & Spouse	\$558.44	\$233.66	\$228.99	\$224.31	\$219.64
Employee & Child(ren)	\$515.06	\$180.56	\$176.95	\$173.34	\$169.73
Employee & Family	\$738.46	\$370.08	\$362.68	\$355.28	\$347.88



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UNIVERSITY
MEDICAL CENTER
OF EL PASO

Consumer Driven Health Plan UMC

Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$376.77	\$5.24	\$5.14	\$5.04	\$4.94
Employee & Spouse	\$550.46	\$158.27	\$155.10	\$151.94	\$148.77
Employee & Child(ren)	\$508.56	\$111.03	\$108.81	\$106.59	\$104.37
Employee & Family	\$721.52	\$259.33	\$254.14	\$248.96	\$243.77



Core Plan UMC

Employee Bi-Weekly Contribution

	*County Contribution	No Discount Deduction	Tobacco Free (2%)	Wellness (4%)	Both Discounts Applied (6%)
Employee Only	\$385.63	\$35.00	\$34.29	\$33.59	\$32.90
Employee & Spouse	\$589.47	\$246.64	\$241.71	\$236.77	\$231.84
Employee & Child(ren)	\$543.66	\$190.59	\$186.78	\$182.97	\$179.15
Employee & Family	\$779.48	\$390.65	\$382.84	\$375.02	\$367.21

