

El Paso County Health Benefits



The Hospitals of
PROVIDENCE

ACO - Hospitals of Providence
Network Plan Options
1/1/2022 thru 12/31/2022

Consumer Driven Health Plan **ACO**

Employee Bi-Weekly Contribution



Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
No Discount	\$5.00	\$167.68	\$117.64	\$274.73
Tobacco Free (2%)	\$4.91	\$164.32	\$115.29	\$269.24
Wellness (4%)	\$4.81	\$160.97	\$112.93	\$263.75
Both Discounts Applied (6%)	\$4.71	\$157.62	\$110.58	\$258.25

Core Plan ACO

Employee Bi-Weekly Contribution

Plan Name	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
No Discount	\$33.36	\$261.30	\$201.92	\$413.85
Tobacco Free (2%)	\$32.70	\$256.07	\$197.88	\$405.57
Wellness (4%)	\$32.03	\$250.85	\$193.85	\$397.30
Both Discounts Applied (6%)	\$31.37	\$245.62	\$189.81	\$389.02

