Southampton County Public Schools Health Insurance Rates Effective 7/1/2023

Month ER (Em	+ Comprehe ly Rates ployer Contr ployee's Cost	•								
	Key Advantage \$250 Plan				Key Advantage \$500 Plan			Optima Health Vantage HMO		
	Rate	ER	EE	Rate	ER	EE	Rate	ER	EE	
Single	1,354	1,084	270	1,200	1,084	116	813	813	0	
Dual	2,505	1,315	1,190	2,220	1,315	905	1,505	1,315	190	
Family	3,656	1,545	2,111	3,240	1,545	1,695	2,179	1,545	634	
Healt	h + Basic Der	ntal								
Mont	hly Rates									
Single	1,337	1,084	253	1,183	1,084	99				
Dual	2,473	1,315	1,158	2,189	1,315	874				
Family	3,610	1,545	2,065	3,194	1,545	1,649				