

## 2023 Lay Insurance Rates - Medical, Dental and Vision

Wisconsin Group Health Benefit Plan

Updated July 26, 2022

	<u>Monthly Premiums</u>			<u>Annual Premiums</u>		
	Single	P+1	Family	Single	P+1	Family
<b>Lay Rates or Continuation</b>						
B1000	1,016	1931	2,642.00	12,192.00	23,172.00	31,704.00
C2000	976	1853	2,535.00	11,712.00	22,236.00	30,420.00
C3000	850	1613	2,206.00	10,200.00	19,356.00	26,472.00
<b>H1500</b>	951	<b>1804</b>	<b>2,470.00</b>	<b>11,412.00</b>	<b>21,648.00</b>	<b>29,640.00</b>
H2000	860	1635	2,238.00	10,320.00	19,620.00	26,856.00
H3000	750	1426	1,951.00	9,000.00	17,112.00	23,412.00

### Wisconsin Annual Conference Dental and Vision Insurance 2023 Rates

#### Additional Optional Coverage Premiums

<b>DENTAL Premiums</b>						
	Monthly Premiums			Annual Premiums		
	Single	P+1	Family	Single	P+1	Family
Dental Passive PPO 2000	53	106	159	636.00	1,272.00	1,908.00
Dental PPO	43	87	130	516.00	1,044.00	1,560.00
Dental HMO**	16	28	50	192.00	336.00	600.00

*\*\* This dental option requires patient status with an HMO-enrolled dentist with CIGNA. Aspen Dental offices tend to be Cigna HMO providers. If you are considering this plan, check if the HMO dentist in your area is accepting new patients.*

<b>VISION Premiums</b>						
	Monthly Premiums			Annual Premiums		
	Single	P+1	Family	Single	P+1	Family
<b>Exam Core</b> - included in medical premium	0	0	0	0	0	0
<b>Full Service</b> <i>Covers Glasses OR Contacts</i>	8.00	13.00	20.00	96.00	156.00	240.00
<b>Premier</b> <i>Covers Glasses AND Contacts</i>	14.00	23.00	36.00	168.00	276.00	432.00

*Note: The coverage for Full Service - Glasses or Contacts may be used differently for each family member.  
The vision coverage now allows for new frames and lenses for glasses every 12 months.*