## **2023 Monthly Medical Contributions**

Coverage Level	Medical Plan Coverage		
	HRA Plan	HSA Plan	Primary Plan
Employee Only (EE Only)	\$171.00	\$153.00	\$103.00
Employee plus Spouse/Domestic Partner (EE + SP/DP)	\$441.00	\$399.00	\$277.00
Employee plus Children (EE + CH)	\$365.00	\$330.00	\$229.00
Family	\$560.00	\$506.00	\$351.00