

2023-24 CHP (12 MONTH RATES)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$757.62	\$151.52	\$606.09
	2 person	\$1,515.24	\$363.66	\$1,151.58
	family	\$2,045.58	\$575.80	\$1,469.79
	family/2 employees	\$2,045.58	\$303.04	\$1,742.54
	overage dependent	\$833.38	\$833.38	\$0.00
CHP- MVP	Single	\$565.67	\$28.28	\$537.38
	2 person	\$1,131.34	\$226.27	\$905.07
	family	\$1,527.31	\$305.46	\$1,221.85
	family/2 employees	\$1,527.31	\$56.56	\$1,470.75
	overage dependent	\$622.24	\$622.24	\$0.00