

## 2023-24 CHP (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$909.14	\$181.83	\$727.31
	2 person	\$1,818.29	\$436.39	\$1,381.90
	family	\$2,454.70	\$690.96	\$1,763.74
	family/2 employees	\$2,454.70	\$363.66	\$2,091.04
	overage dependent	\$1,000.06	\$1,000.06	
CHP- MVP	Single	\$678.80	\$33.94	\$644.86
	2 person	\$1,357.61	\$271.52	\$1,086.09
	family	\$1,832.77	\$366.55	\$1,466.22
	family/2 employees	\$1,832.77	\$67.88	\$1,764.89
	overage dependent	\$746.69	\$746.69	