

2023 Cost Sharing: Monthly & Bi-Weekly



SAINT LOUIS
UNIVERSITY.
— EST. 1818 —

Plan	Monthly Premium Non-Wellness	Monthly Premium Wellness	Bi-Weekly Premium Non-Wellness	Bi-Weekly Premium Wellness
Plus Plan				
Employee Only	\$190.00	\$140.00	\$87.69	\$64.62
Employee and Spouse	\$508.00	\$433.00	\$234.46	\$199.85
Employee and Child(ren)	\$443.00	\$393.00	\$204.46	\$181.38
Family	\$698.00	\$623.00	\$322.15	\$287.54
Plus Plan—Employees Earning up to \$40,060				
Employee Only	\$70.00	\$0.00	\$32.31	\$0.00
Employee and Spouse	\$370.00	\$295.00	\$170.77	\$136.15
Employee and Child(ren)	\$308.00	\$258.00	\$142.15	\$119.08
Family	\$553.00	\$478.00	\$255.23	\$220.62
Plus Plan—Employees Earning over \$150,000				
Employee Only	\$206.00	\$156.00	\$95.08	\$72.00
Employee and Spouse	\$555.00	\$480.00	\$256.15	\$221.54
Employee and Child(ren)	\$483.00	\$433.00	\$222.92	\$199.85
Family	\$760.00	\$685.00	\$350.77	\$316.15
QHDHP Plan				
Employee Only	\$110.00	\$60.00	\$50.77	\$27.69
Employee and Spouse	\$341.00	\$266.00	\$157.38	\$122.77
Employee and Child(ren)	\$292.00	\$242.00	\$134.77	\$111.69
Family	\$459.00	\$384.00	\$211.85	\$177.23
QHDHP Plan—Employees Earning over \$150,00				
Employee Only	\$128.00	\$78.00	\$59.08	\$36.00
Employee and Spouse	\$383.00	\$308.00	\$176.77	\$142.15
Employee and Child(ren)	\$326.00	\$276.00	\$150.46	\$127.38
Family	\$518.00	\$443.00	\$239.08	\$204.46

Note: Rates will be reduced \$50 for employees completing their biometric screening and an additional \$25 for covered spouses