	2023	Corp	Corp. $	Employee	24 Pays	18 Pays		
January 1, 2023		Portion	Paid	$ Paid	Per Pay $	Per Pay $		
MASE Trust								
PPO Opt. 1								
Monthly	**$802/$2139**						**Deductibles**	**MAX OUT OF POCKET**
Single	$9,624.00	Flat	$7,774.10	$1,849.90	$77.08	$102.77	**$750-80/20**	**1,650.00**
Family	$25,668.00	Flat	$14,970.78	$10,697.22	$445.72	$594.29	**$1500-80/20**	**3,300.00**
PPO Opt. 2	***HDHP/HSA PLAN 1***							
Monthly	**$641/$1726**						**Deductibles**	
Single	$7,692.00	Flat	$6,401.58	$1,290.42	$53.77	$71.69	**$3,000**	
Family	$20,712.00	Flat	$14,601.75	$6,110.25	$254.59	$339.46	**$6,000**	
PPO Opt. 3	***HDHP/HSA PLAN 2***							
Monthly	**$550/$1485**						**Deductibles**	
Single	$6,600.00	Flat	$6,320.61	$279.39	$11.64	$15.52	**$6,000**	
Family	$17,820.00	Flat	$14,382.90	$3,437.10	$143.21	$190.95	**$12,000**	
Dental								
Single	$342.96	74%	$255.56	$87.40	$3.64	$4.86	**JULY 1 2023 INCREASE**	
Family	$969.36	70%	$684.38	$284.98	$11.87	$15.83		
Vision								
Single	$190.20	79%	$150.26	$40.97	$1.71	$2.28		
Family	$491.04	76%	$372.24	$118.80	$4.95	$6.60		