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| --- | --- | --- | --- | --- | --- | --- |
| Medical | Total | Employee | Total | Employee | Total | Employee |
| Premium | Moda | Share | Statewide | Share | Choice | Share |
| EE Only | $827.06 | $89.28 | $929.03 | $191.25 | $810.75 | $72.97 |
| EE+ Child(ren) | $1,405.99 | $151.76 | $1,579.35 | $325.12 | $1,378.27 | $124.04 |
| EE + Spouse | $1,654.12 | $178.56 | $1,858.07 | $382.51 | $1,621.49 | $145.93 |
| Family | $2,233.07 | $241.06 | $2,508.39 | $516.38 | $2,189.02 | $197.01 |

