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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  |

