

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:										
15%	Employee costs are in italics			Cabot & Twinfield Support						
Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$889.59	\$10,675.08	\$1,433.38	\$9,241.70	\$770.14	\$9,841.70
Single	Gold	\$3,100	\$2,200	\$900	\$868.05	\$10,416.60	\$1,433.38	\$8,983.22	\$748.60	\$9,883.22
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$796.32	\$9,555.84	\$1,433.38	\$8,122.46	\$676.87	\$8,422.46
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$754.38	\$9,052.56	\$1,357.88	\$7,694.68	\$641.22	\$9,494.68
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis and will change on July 1, 2022.										

Non-Licensed Employee* Full Time - Two Person Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Two Person	Platinum	\$5,600	\$4,400	\$1,200	\$1,779.18	\$21,350.16	\$2,691.97	\$18,658.19	\$1,554.85	\$19,858.19
Two Person	Gold	\$6,200	\$4,400	\$1,800	\$1,736.09	\$20,833.08	\$2,691.97	\$18,141.11	\$1,511.76	\$19,941.11
Two Person	Gold CDHP	\$5,000	\$4,400	\$600	\$1,495.54	\$17,946.48	\$2,691.97	\$15,254.51	\$1,271.21	\$15,854.51
Two Person	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,508.77	\$18,105.24	\$2,715.79	\$15,389.45	\$1,282.45	\$18,989.45
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis and will change on July 1, 2022.										

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$1,487.53	\$17,850.36	\$2,216.07	\$15,634.29	\$1,302.86	\$16,834.29
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,452.73	\$17,432.76	\$2,216.07	\$15,216.69	\$1,268.06	\$17,016.69
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,231.15	\$14,773.80	\$2,216.07	\$12,557.73	\$1,046.48	\$13,157.73
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,271.68	\$15,260.16	\$2,289.02	\$12,971.14	\$1,080.93	\$16,571.14
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis and will change on July 1, 2022.										

Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA/HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$2,516.63	\$30,199.56	\$3,970.49	\$26,229.07	\$2,185.76	\$27,429.07
Family	Gold	\$6,200	\$4,400	\$1,800	\$2,457.21	\$29,486.52	\$3,970.49	\$25,516.03	\$2,126.34	\$27,316.03
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$2,205.83	\$26,469.96	\$3,970.49	\$22,499.47	\$1,874.96	\$23,099.47
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,146.73	\$25,760.76	\$3,864.11	\$21,896.65	\$1,824.72	\$25,496.65
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .										
Premiums are set on a fiscal-year basis and will change on July 1, 2022.										