

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:										
20%	Employee costs are in italics			Support Staff						
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	\$1,911.17	\$8,763.91	\$730.33	\$9,363.91
Single	Gold	\$3,100	\$2,200	\$900	\$868.05	\$10,416.60	\$1,911.17	\$8,505.43	\$708.79	\$9,405.43
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$796.32	\$9,555.84	\$1,911.17	\$7,644.67	\$637.06	\$7,944.67
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$754.38	\$9,052.56	\$1,810.51	\$7,242.05	\$603.50	\$9,042.05
*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	\$3,589.30	\$17,760.86	\$1,480.07	\$18,960.86
Two Person	Gold	\$6,200	\$4,400	\$1,800	\$1,736.09	\$20,833.08	\$3,589.30	\$17,243.78	\$1,436.98	\$19,043.78
Two Person	Gold CDHP	\$5,000	\$4,400	\$600	\$1,495.54	\$17,946.48	\$3,589.30	\$14,357.18	\$1,196.43	\$14,957.18
Two Person	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,508.77	\$18,105.24	\$3,621.05	\$14,484.19	\$1,207.02	\$18,084.19
*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	\$2,954.76	\$14,895.60	\$1,241.30	\$16,095.60
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,452.73	\$17,432.76	\$2,954.76	\$14,478.00	\$1,206.50	\$16,278.00
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,231.15	\$14,773.80	\$2,954.76	\$11,819.04	\$984.92	\$12,419.04
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,271.68	\$15,260.16	\$3,052.03	\$12,208.13	\$1,017.34	\$15,808.13
*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	\$5,293.99	\$24,905.57	\$2,075.46	\$26,105.57
Family	Gold	\$6,200	\$4,400	\$1,800	\$2,457.21	\$29,486.52	\$5,293.99	\$24,192.53	\$2,016.04	\$25,992.53
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$2,205.83	\$26,469.96	\$5,293.99	\$21,175.97	\$1,764.66	\$21,775.97
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,146.73	\$25,760.76	\$5,152.15	\$20,608.61	\$1,717.38	\$24,208.61
*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.										