



HYBRID AWARE NETWORK High Deductible Health Plan with a VEBA/ Health Savings Account	<b>HYBRID HSA Premium - Single</b>				<b>HYBRID HSA Premium - Family</b>			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	589.00	476.50	112.50	1350.00	1707.50	1170.00	537.50	6450.00
	<b>VEBA/HSA Savings Account - Single</b>				<b>VEBA/HSA Savings Account - Family</b>			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount to	Amount to
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	Savings	Savings
	564.00	476.50	87.50	1050.00	1345.00	1170.00	175.00	2100.00
<b>HYBRID Out of Pocket - Single</b>				<b>HYBRID Out of Pocket - Family</b>				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
3,500.00	1,050.00	2,450.00	3,800.00	7,000.00	2,100.00	4,900.00	11,350.00	
MVP AWARE NETWORK High Deductible Health Plan with a Health Savings Account H.S.A	<b>MVP Premium - Single</b>				<b>MVP Premium - Family</b>			
	Total	District	Employee	Employee	Total	District	Employee	Employee
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	471.00	471.00	0.00	0.00	1365.00	1345.00	20.00	240.00
	<b>Health Savings Account - Single</b>				<b>Health Savings Account - Family</b>			
	Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	District	Amount to	Amount	Amount	District	Amount to	Amount	Amount
	Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
	564.00	471.00	93.00	1116.00	1345.00	1345.00	0.00	0.00
<b>MVP Out of Pocket - Single</b>				<b>MVP Out of Pocket - Family</b>				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
6,350.00	1,116.00	5,234.00	5,234.00	12,700.00	0.00	12,700.00	12,940.00	

All medical plans are provided by Blue Cross Blue Shield of MN Network [www.bluecrossmn.com](http://www.bluecrossmn.com)