

## Custodian Health Insurance Breakdown by Hours Worked

*Rates are effective October 1, 2020 through September 30, 2021*

		HSA Premium - Single				HSA Premium - Family				
		Total	District	Employee	Employee	Total	District	Employee	Employee	
		Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual	
Hours	FTE	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium	
HSA AWARE NETWORK High Deductible Health Plan with a Health Savings Account	20	0.5	589	310.5	278.5	3,342.00	1,707.50	716	991.5	11,898.00
	35-40	1	589	589	0	0	1,707.50	1,432.00	275.5	3,306.00
			Health Savings Account - Single				Health Savings Account - Family			
	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		
	20	0.5	310.5	310.5	0	0	716	716	0	0
	35-40	1	621	589	32	384	1,432.00	1,432.00	0	0
			HSA Out of Pocket - Single				HSA Out of Pocket - Family			
	Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +		
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket			
20	0.5	3,500.00	0	3,500.00	6,842.00	7,000.00	0	7,000.00	18,898.00	
35-40	1	3,500.00	384	3,116.00	3,116.00	7,000.00	0	7,000.00	10,306.00	
VEBA AWARE NETWORK High Deductible Health Plan with a VEBA Savings Account			VEBA Premium - Single				VEBA Premium - Family			
	Total	District	Employee	Employee	Total	District	Employee	Employee		
	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual		
	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium		
	20	0.5	652.5	266.75	385.75	4,629.00	1,892.00	628.5	1,263.50	15,162.00
	35-40	1	652.5	533.5	119	1,428.00	1,892.00	1,257.00	635	7,620.00
			VEBA Savings Account - Single				VEBA Savings Account - Family			
	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		
20	0.5	310.5	266.75	43.75	525	716	628.5	87.5	1,050.00	
35-40	1	621	533.5	87.5	1,050.00	1,432.00	1,257.00	175	2,100.00	
		VEBA Out of Pocket - Single				VEBA Out of Pocket - Family				
Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +			
Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket			
20	0.5	1,850.00	525	1,325.00	5,954.00	3,700.00	1,050.00	2,650.00	17,812.00	
35-40	1	1,850.00	1,050.00	800	2,228.00	3,700.00	2,100.00	1,600.00	9,220.00	

HYBRID AWARE NETWORK High Deductible Health Plan with a VEBA/ Health Savings Account			HYBRID Premium - Single				HYBRID Premium - Family			
	Hours		Total	District	Employee	Employee	Total	District	Employee	Employee
	/Week	FTE	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	20	0.5	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	35-40	1	589	266.75	322.25	3,867.00	1,707.50	628.5	1,079.00	12,948.00
			589	525.5	63.5	762	1,707.50	1,257.00	450.5	5,406.00
			VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
	Hours		Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	/Week	FTE	District	Amount to	Amount	Amount	District	Amount to	Amount	Amount
	20	0.5	Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
35-40	1	310.5	266.75	43.75	525	716	628.5	87.5	1,050.00	
		621	525.5	87.5	1,146.00	1,432.00	1,257.00	175	2,100.00	
		HSA Out of Pocket - Single				HSA Out of Pocket - Family				
Hours		Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
/Week	FTE	Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
20	0.5	3,500.00	525	2,975.00	6,842.00	7,000.00	1,050.00	5,950.00	18,898.00	
35-40	1	3,500.00	1,146.00	2,229.00	2,991.00	7,000.00	2,100.00	4,900.00	10,306.00	
MVP AWARE NETWORK High Deductible Health Plan with a Health Savings Account H.S.A			MVP Premium - Single				MVP Premium - Family			
	Hours		Total	District	Employee	Employee	Total	District	Employee	Employee
	/Week	FTE	Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
	20	0.5	Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
	35-40	1	471	310.5	160.5	1,926.00	1,365.00	716	649	7,788.00
			471	471	0	0	1,365.00	1,365.00	0	0
			Health Savings Account - Single				Health Savings Account - Family			
	Hours		Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
	/Week	FTE	District	Amount to	Amount	Amount	District	Amount to	Amount	Amount
	20	0.5	Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
35-40	1	310.5	310.5	0	0	716	716	0	0	
		621	471	150	1,800.00	1,432.00	1,365.00	67	804	
		MVP Out of Pocket - Single				MVP Out of Pocket - Family				
Hours		Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +	
/Week	FTE	Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket	
20	0.5	6,350.00	0	6,350.00	8,276.00	12,700.00	0	12,700.00	20,488.00	
35-40	1	6,350.00	1,800.00	4,550.00	4,550.00	12,700.00	804	11,896.00	11,896.00	

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