

# Support Staff 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		Premium	Contribution	Contribution	Premium	Premium	Contribution	Contribution	Premium
/Week	FTE								
15	0.375	589	226.13	362.88	4,354.50	1,707.50	522	1,185.50	14,226.00
17.5	0.4375	589	263.81	325.19	3,902.25	1,707.50	609	1,098.50	13,182.00
20	0.5	589	301.5	287.5	3,450.00	1,707.50	696	1,011.50	12,138.00
22.5	0.5625	589	339.19	249.81	2,997.75	1,707.50	783	924.5	11,094.00
25	0.625	589	376.88	212.13	2,545.50	1,707.50	870	837.5	10,050.00
27.5	0.6875	589	414.56	174.44	2,093.25	1,707.50	957	750.5	9,006.00
30	0.75	589	452.25	136.75	1,641.00	1,707.50	1,044.00	663.5	7,962.00
32.5	0.8125	589	489.94	99.06	1,188.75	1,707.50	1,131.00	576.5	6,918.00
35-40	1	589	525.5	0	0	1,707.50	1,392.00	315.5	3,786.00
		Health Savings Account - Single				Health Savings Account - Family			
Total		Monthly	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
District		Amount to	Amount	Amount	Amount	District	Amount to	Amount	Amount
Hours		Contribution	Premium	to Savings	to Savings	Contribution	Premium	to Savings	to Savings
/ Week	FTE								
15	0.375	226.13	226.13	0	0	522	522	0	0
17.5	0.4375	263.81	263.81	0	0	609	609	0	0
20	0.5	301.5	301.5	0	0	696	696	0	0
22.5	0.5625	339.19	339.19	0	0	783	783	0	0
25	0.625	376.88	376.88	0	0	870	870	0	0
27.5	0.6875	414.56	414.56	0	0	957	957	0	0
30	0.75	452.25	452.25	0	0	1,044.00	1,044.00	0	0
32.5	0.8125	489.94	489.94	0	0	1,131.00	1,131.00	0	0
35-40	1	603	589	14	168	1,392.00	1,392.00	0	0
		HSA Out of Pocket - Single				HSA Out of Pocket - Family			
Annual		Savings	Maximum	Maximum	Premium +	Annual	Savings	Maximum	Premium +
Maximum		Contribution	Out/Pocket	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket
Hours									
/ Week	FTE								
15	0.375	3,500.00	0	3,500.00	7,854.50	7,000.00	0	7,000.00	21,226.00
17.5	0.4375	3,500.00	0	3,500.00	7,402.25	7,000.00	0	7,000.00	20,182.00
20	0.5	3,500.00	0	3,500.00	6,950.00	7,000.00	0	7,000.00	19,138.00
22.5	0.5625	3,500.00	0	3,500.00	6,497.75	7,000.00	0	7,000.00	18,094.00
25	0.625	3,500.00	0	3,500.00	6,045.50	7,000.00	0	7,000.00	17,050.00
27.5	0.6875	3,500.00	0	3,500.00	5,593.25	7,000.00	0	7,000.00	16,006.00
30	0.75	3,500.00	0	3,500.00	5,141.00	7,000.00	0	7,000.00	14,962.00
32.5	0.8125	3,500.00	0	3,500.00	4,688.75	7,000.00	0	7,000.00	13,918.00
35-40	1	3,500.00	168	3,332.00	3,332.00	7,000.00	0	7,000.00	10,786.00

**HSA AWARE  
NETWORK High  
Deductible  
Health Plan with  
a Health Savings  
Account**

		VEBA Premium - Single				VEBA 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
15	0.375	652.5	193.31	459.19	5,510.25	1,892.00	456.38	1,435.63	17,227.50
17.5	0.4375	652.5	225.53	426.97	5,123.63	1,892.00	532.44	1,359.56	16,314.75
20	0.5	652.5	257.75	394.75	4,737.00	1,892.00	608.5	1,283.50	15,402.00
22.5	0.5625	652.5	289.97	362.53	4,350.38	1,892.00	684.56	1,207.44	14,489.25
25	0.625	652.5	322.19	330.31	3,963.75	1,892.00	760.63	1,131.38	13,576.50
27.5	0.6875	652.5	354.41	298.09	3,577.13	1,892.00	836.69	1,055.31	12,663.75
30	0.75	652.5	386.63	265.88	3,190.50	1,892.00	912.75	979.25	11,751.00
32.5	0.8125	652.5	418.84	233.66	2,803.88	1,892.00	988.81	903.19	10,838.25
35-40	1	652.5	515.5	137	1,644.00	1,892.00	1,217.00	675	8,100.00
		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
Hours	FTE	Contribution	Premium	to Savings	to Savings	Contribution	Premium	Savings	Savings
15	0.375	226.13	193.31	32.81	393.75	522	456.38	65.63	787.5
17.5	0.4375	263.81	225.53	38.28	459.38	609	532.44	76.56	918.75
20	0.5	301.5	257.75	43.75	525	696	608.5	87.5	1,050.00
22.5	0.5625	339.19	289.97	49.22	590.63	783	684.56	98.44	1,181.25
25	0.625	376.88	322.19	54.69	656.25	870	760.63	109.38	1,312.50
27.5	0.6875	414.56	354.41	60.16	721.88	957	836.69	120.31	1,443.75
30	0.75	452.25	386.63	65.63	787.5	1,044.00	912.75	131.25	1,575.00
32.5	0.8125	489.94	418.84	71.09	853.13	1,131.00	988.81	142.19	1,706.25
35-40	1	603	515.5	87.5	1,050.00	1,392.00	1,217.00	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
Hours	FTE	Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket
15	0.375	1,850.00	393.75	1,456.25	6,966.50	3,700.00	787.5	2,912.50	20,140.00
17.5	0.4375	1,850.00	459.38	1,390.63	6,514.25	3,700.00	918.75	2,781.25	19,096.00
20	0.5	1,850.00	525	1,325.00	6,062.00	3,700.00	1,050.00	2,650.00	18,052.00
22.5	0.5625	1,850.00	590.63	1,259.38	5,609.75	3,700.00	1,181.25	2,518.75	17,008.00
25	0.625	1,850.00	656.25	1,193.75	5,157.50	3,700.00	1,312.50	2,387.50	15,964.00
27.5	0.6875	1,850.00	721.88	1,128.13	4,705.25	3,700.00	1,443.75	2,256.25	14,920.00
30	0.75	1,850.00	787.5	1,062.50	4,253.00	3,700.00	1,575.00	2,125.00	13,876.00
32.5	0.8125	1,850.00	853.13	996.88	3,800.75	3,700.00	1,706.25	1,993.75	12,832.00
35-40	1	1,850.00	1,050.00	800	2,444.00	3,700.00	2,100.00	1,600.00	9,700.00

**VEBA AWARE NETWORK High Deductible Health Plan with a VEBA Savings Account**

		HYBRID Premium - Single				HYBRID 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
15	0.375	589	193.31	395.69	4748.25	1,707.50	456.38	1,251.13	15,013.50
17.5	0.4375	589	225.53	363.47	4361.63	1,707.50	532.44	1,175.06	14,100.75
20	0.5	589	257.75	331.25	3975	1,707.50	608.5	1,099.00	13,188.00
22.5	0.5625	589	289.97	299.03	3588.38	1,707.50	684.56	1,022.94	12,275.25
25	0.625	589	322.19	266.81	3201.75	1,707.50	760.63	946.88	11,362.50
27.5	0.6875	589	354.41	234.59	2815.13	1,707.50	836.69	870.81	10,449.75
30	0.75	589	386.63	202.38	2428.5	1,707.50	912.75	794.75	9,537.00
32.5	0.8125	589	418.84	170.16	2041.88	1,707.50	988.81	718.69	8,624.25
35-40	1	589	515.5	73.5	882	1,707.50	1,217.00	490.5	5,886.00
		VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
		Total	Monthly	Monthly	Annual	Total	Monthly	Monthly	Annual
Hours		District	Amount to	Amount	Amount	District	Amount to	Amount to	Amount to
/ Week	FTE	Contribution	Premium	to Savings	to Savings	Contribution	Premium	Savings	Savings
15	0.375	226.13	193.31	32.81	393.75	522	456.38	65.63	787.5
17.5	0.4375	263.81	225.53	38.28	459.38	609	532.44	76.56	918.75
20	0.5	301.5	257.75	43.75	525	696	608.5	87.5	1,050.00
22.5	0.5625	339.19	289.97	49.22	590.63	783	684.56	98.44	1,181.25
25	0.625	376.88	322.19	54.69	656.25	870	760.63	109.38	1,312.50
27.5	0.6875	414.56	354.41	60.16	721.88	957	836.69	120.31	1,443.75
30	0.75	452.25	386.63	65.63	787.5	1,044.00	912.75	131.25	1,575.00
32.5	0.8125	489.94	418.84	71.09	853.13	1,131.00	988.81	142.19	1,706.25
35-40	1	603	515.5	87.5	1,050.00	1,392.00	1,217.00	175	2,100.00
		HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family			
Hours		Annual	Annual Savings	Maximum	Premium +	Annual	Annual Savings	Maximum	Premium +
/ Week	FTE	Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket
15	0.375	3,500.00	393.75	3,106.25	7,854.50	7,000.00	787.5	6,212.50	21,226.00
17.5	0.4375	3,500.00	459.38	3,040.63	7,402.25	7,000.00	918.75	6,081.25	20,182.00
20	0.5	3,500.00	525	2,975.00	6,950.00	7,000.00	1,050.00	5,950.00	19,138.00
22.5	0.5625	3,500.00	590.63	2,909.38	6,497.75	7,000.00	1,181.25	5,818.75	18,094.00
25	0.625	3,500.00	656.25	2,843.75	6,045.50	7,000.00	1,312.50	5,687.50	17,050.00
27.5	0.6875	3,500.00	721.88	2,778.13	5,593.25	7,000.00	1,443.75	5,556.25	16,006.00
30	0.75	3,500.00	787.5	2,712.50	5,141.00	7,000.00	1,575.00	5,425.00	14,962.00
32.5	0.8125	3,500.00	853.13	2,646.88	4,688.75	7,000.00	1,706.25	5,293.75	13,918.00
35-40	1	3,500.00	1,050.00	2,450.00	3,332.00	7,000.00	2,100.00	4,900.00	10,786.00

**HYBRID AWARE NETWORK High Deductible Health Plan with a VEBA/ Health Savings Account**

		MVP Premium - Single				MVP Premium - Family			
		Total	District	Employee	Employee	Total	District	Employee	Employee
		Monthly	Monthly	Monthly	Annual	Monthly	Monthly	Monthly	Annual
		/ Week	FTE	Premium	Contribution	Contribution	Premium	Premium	Contribution
15	0.375	471	226.13	244.88	2,938.50	1,365.00	522	843	10,116.00
17.5	0.4375	471	263.81	207.19	2,486.25	1,365.00	609	756	9,072.00
20	0.5	471	301.5	169.5	2,034.00	1,365.00	696	669	8,028.00
22.5	0.5625	471	339.19	131.81	1,581.75	1,365.00	783	582	6,984.00
25	0.625	471	376.88	94.13	1,129.50	1,365.00	870	495	5,940.00
27.5	0.6875	471	414.56	56.44	677.25	1,365.00	957	408	4,896.00
30	0.75	471	452.25	18.75	225	1,365.00	1,044.00	321	3,852.00
32.5	0.8125	471	471	0	0	1,365.00	1,131.00	234	2,808.00
35-40	1	471	471	0	0	1,365.00	1,365.00	0	0
		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
		/ Week	FTE	Contribution	Premium	to Savings	to Savings	Contribution	Premium
15	0.375	226.13	226.13	0	0	522	522	0	0
17.5	0.4375	263.81	263.81	0	0	609	609	0	0
20	0.5	301.5	301.5	0	0	696	696	0	0
22.5	0.5625	339.19	339.19	0	0	783	783	0	0
25	0.625	376.88	376.88	0	0	870	870	0	0
27.5	0.6875	414.56	414.56	0	0	957	957	0	0
30	0.75	452.25	452.25	0	0	1,044.00	1,044.00	0	0
32.5	0.8125	489.94	471	18.94	227.25	1,131.00	1,131.00	0	0
35-40	1	603	471	132	1,584.00	1,392.00	1,365.00	27	324
		MVP Out of Pocket - Single				MVP Out of Pocket - Family			
		Annual	Savings	Maximum	Premium +	Annual	Savings	Maximum	Premium +
		Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution	Out/Pocket	Out/Pocket
		/ Week	FTE	Maximum	Contribution	Out/Pocket	Out/Pocket	Maximum	Contribution
15	0.375	6,350.00	0	6,350.00	9,288.50	12,700.00	0	12,700.00	22,816.00
17.5	0.4375	6,350.00	0	6,350.00	8,836.25	12,700.00	0	12,700.00	21,772.00
20	0.5	6,350.00	0	6,350.00	8,384.00	12,700.00	0	12,700.00	20,728.00
22.5	0.5625	6,350.00	0	6,350.00	7,931.75	12,700.00	0	12,700.00	19,684.00
25	0.625	6,350.00	0	6,350.00	7,479.50	12,700.00	0	12,700.00	18,640.00
27.5	0.6875	6,350.00	0	6,350.00	7,027.25	12,700.00	0	12,700.00	17,596.00
30	0.75	6,350.00	0	6,350.00	6,575.00	12,700.00	0	12,700.00	16,552.00
32.5	0.8125	6,350.00	227.25	6,122.75	6,122.75	12,700.00	0	12,700.00	15,508.00
35-40	1	6,350.00	1,584.00	4,766.00	4,766.00	12,700.00	324	12,376.00	12,376.00

**MVP AWARE NETWORK High Deductible Health Plan with a Health Savings Account H.S.A**