

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

Hours Per Week		FTE		HSA Premium - Single				HSA Premium - Family			
				Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
15	0.3750	525.50	226.13	299.37	3,592.44	1,523.00	522.00	1,001.00	12,012.00		
17.5	0.4375	525.50	263.81	261.69	3,140.28	1,523.00	609.00	914.00	10,968.00		
20	0.5000	525.50	301.50	224.00	2,688.00	1,523.00	696.00	827.00	9,924.00		
22.5	0.5625	525.50	339.19	186.31	2,235.72	1,523.00	783.00	740.00	8,880.00		
25	0.6250	525.50	376.88	148.62	1,783.44	1,523.00	870.00	653.00	7,836.00		
27.5	0.6875	525.50	414.56	110.94	1,331.28	1,523.00	957.00	566.00	6,792.00		
30	0.7500	525.50	452.25	73.25	879.00	1,523.00	1,044.00	479.00	5,748.00		
32.5	0.8125	525.50	489.94	35.56	426.72	1,523.00	1,131.00	392.00	4,704.00		
35-40	1.0000	525.50	525.50	0.00	0.00	1,523.00	1,392.00	131.00	1,572.00		
Hours Per Week		FTE		Health Savings Account - Single				Health Savings Account - Family			
				Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
15	0.3750	226.13	226.13	0.00	0.00	522.00	522.00	0.00	0.00		
17.5	0.4375	263.81	263.81	0.00	0.00	609.00	609.00	0.00	0.00		
20	0.5000	301.50	301.50	0.00	0.00	696.00	696.00	0.00	0.00		
22.5	0.5625	339.19	339.19	0.00	0.00	783.00	783.00	0.00	0.00		
25	0.6250	376.88	376.88	0.00	0.00	870.00	870.00	0.00	0.00		
27.5	0.6875	414.56	414.56	0.00	0.00	957.00	957.00	0.00	0.00		
30	0.7500	452.25	452.25	0.00	0.00	1,044.00	1,044.00	0.00	0.00		
32.5	0.8125	489.94	489.94	0.00	0.00	1,131.00	1,131.00	0.00	0.00		
35-40	1.0000	603.00	525.50	77.50	930.00	1,392.00	1,392.00	0.00	0.00		
Hours Per Week		FTE		HSA Out of Pocket - Single				HSA Out of Pocket - Family			
				Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
15	0.3750	3,375.00	0.00	3,375.00	6,967.44	6,750.00	0.00	6,750.00	18,762.00		
17.5	0.4375	3,375.00	0.00	3,375.00	6,515.28	6,750.00	0.00	6,750.00	17,718.00		
20	0.5000	3,375.00	0.00	3,375.00	6,063.00	6,750.00	0.00	6,750.00	16,674.00		
22.5	0.5625	3,375.00	0.00	3,375.00	5,610.72	6,750.00	0.00	6,750.00	15,630.00		
25	0.6250	3,375.00	0.00	3,375.00	5,158.44	6,750.00	0.00	6,750.00	14,586.00		
27.5	0.6875	3,375.00	0.00	3,375.00	4,706.28	6,750.00	0.00	6,750.00	13,542.00		
30	0.7500	3,375.00	0.00	3,375.00	4,254.00	6,750.00	0.00	6,750.00	12,498.00		
32.5	0.8125	3,375.00	0.00	3,375.00	3,801.72	6,750.00	0.00	6,750.00	11,454.00		
35-40	1.0000	3,375.00	930.00	2,445.00	2,445.00	6,750.00	0.00	6,750.00	8,322.00		

HSA.: High Deductible Health Plan with a Health Savings Account AWARE NETWORK

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

Hours Per Week		FTE		HSA Premium - Single				HSA Premium - Family			
				Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
15	0.3750	490.00	226.13	263.87	3,166.44	1,413.50	522.00	891.50	10,698.00		
17.5	0.4375	490.00	263.81	226.19	2,714.28	1,413.50	609.00	804.50	9,654.00		
20	0.5000	490.00	301.50	188.50	2,262.00	1,413.50	696.00	717.50	8,610.00		
22.5	0.5625	490.00	339.19	150.81	1,809.72	1,413.50	783.00	630.50	7,566.00		
25	0.6250	490.00	376.88	113.12	1,357.44	1,413.50	870.00	543.50	6,522.00		
27.5	0.6875	490.00	414.56	75.44	905.28	1,413.50	957.00	456.50	5,478.00		
30	0.7500	490.00	452.25	37.75	453.00	1,413.50	1,044.00	369.50	4,434.00		
32.5	0.8125	490.00	489.94	0.06	0.72	1,413.50	1,131.00	282.50	3,390.00		
35-40	1.0000	490.00	490.00	0.00	0.00	1,413.50	1,392.00	21.50	258.00		
Hours Per Week		FTE		Health Savings Account - Single				Health Savings Account - Family			
				Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
15	0.3750	226.13	226.13	0.00	0.00	522.00	522.00	0.00	0.00		
17.5	0.4375	263.81	263.81	0.00	0.00	609.00	609.00	0.00	0.00		
20	0.5000	301.50	301.50	0.00	0.00	696.00	696.00	0.00	0.00		
22.5	0.5625	339.19	339.19	0.00	0.00	783.00	783.00	0.00	0.00		
25	0.6250	376.88	376.88	0.00	0.00	870.00	870.00	0.00	0.00		
27.5	0.6875	414.56	414.56	0.00	0.00	957.00	957.00	0.00	0.00		
30	0.7500	452.25	452.25	0.00	0.00	1,044.00	1,044.00	0.00	0.00		
32.5	0.8125	489.94	489.94	0.00	0.00	1,131.00	1,131.00	0.00	0.00		
35-40	1.0000	603.00	490.00	113.00	1,356.00	1,392.00	1,392.00	0.00	0.00		
Hours Per Week		FTE		HSA Out of Pocket - Single				HSA Out of Pocket - Family			
				Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
15	0.3750	3,375.00	0.00	3,375.00	6,541.44	6,750.00	0.00	6,750.00	17,448.00		
17.5	0.4375	3,375.00	0.00	3,375.00	6,089.28	6,750.00	0.00	6,750.00	16,404.00		
20	0.5000	3,375.00	0.00	3,375.00	5,637.00	6,750.00	0.00	6,750.00	15,360.00		
22.5	0.5625	3,375.00	0.00	3,375.00	5,184.72	6,750.00	0.00	6,750.00	14,316.00		
25	0.6250	3,375.00	0.00	3,375.00	4,732.44	6,750.00	0.00	6,750.00	13,272.00		
27.5	0.6875	3,375.00	0.00	3,375.00	4,280.28	6,750.00	0.00	6,750.00	12,228.00		
30	0.7500	3,375.00	0.00	3,375.00	3,828.00	6,750.00	0.00	6,750.00	11,184.00		
32.5	0.8125	3,375.00	0.00	3,375.00	3,375.72	6,750.00	0.00	6,750.00	10,140.00		
35-40	1.0000	3,375.00	1,356.00	2,019.00	2,019.00	6,750.00	0.00	6,750.00	7,008.00		

HSA. High Deductible Health Plan w/a Health Savings Account ACCESS NETWORK-LIMITED

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

VEBA: High Deductible Health Plan with a VEBA Savings Account AWARE NETWORK		VEBA Premium - Single				VEBA Premium - Family			
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
		Hours Per Week	FTE						
15	0.3750	582.00	193.32	388.68	4,664.16	1,688.00	456.37	1,231.63	14,779.56
17.5	0.4375	582.00	225.53	356.47	4,277.64	1,688.00	532.44	1,155.56	13,866.72
20	0.5000	582.00	257.75	324.25	3,891.00	1,688.00	608.50	1,079.50	12,954.00
22.5	0.5625	582.00	289.97	292.03	3,504.36	1,688.00	684.56	1,003.44	12,041.28
25	0.6250	582.00	322.19	259.81	3,117.72	1,688.00	760.62	927.38	11,128.56
27.5	0.6875	582.00	354.40	227.60	2,731.20	1,688.00	836.69	851.31	10,215.72
30	0.7500	582.00	386.62	195.38	2,344.56	1,688.00	912.75	775.25	9,303.00
32.5	0.8125	582.00	418.85	163.15	1,957.80	1,688.00	988.81	699.19	8,390.28
35-40	1.0000	582.00	515.50	66.50	798.00	1,688.00	1,217.00	471.00	5,652.00
VEBA: High Deductible Health Plan with a VEBA Savings Account AWARE NETWORK		VEBA Savings Account - Single				VEBA Savings Account - Family			
		Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
		Hours Per Week	FTE						
15	0.3750	226.13	193.32	32.81	393.72	522.00	456.37	65.63	787.56
17.5	0.4375	263.81	225.53	38.28	459.36	609.00	532.44	76.56	918.72
20	0.5000	301.50	257.75	43.75	525.00	696.00	608.50	87.50	1,050.00
22.5	0.5625	339.19	289.97	49.22	590.64	783.00	684.56	98.44	1,181.28
25	0.6250	376.88	322.19	54.69	656.28	870.00	760.62	109.38	1,312.56
27.5	0.6875	414.56	354.40	60.16	721.92	957.00	836.69	120.31	1,443.72
30	0.7500	452.25	386.62	65.63	787.56	1,044.00	912.75	131.25	1,575.00
32.5	0.8125	489.94	418.85	71.09	853.08	1,131.00	988.81	142.19	1,706.28
35-40	1.0000	603.00	515.50	87.50	1,050.00	1,392.00	1,217.00	175.00	2,100.00
VEBA: High Deductible Health Plan with a VEBA Savings Account AWARE NETWORK		VEBA Out of Pocket - Single				VEBA Out of Pocket - Family			
		Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
		Hours Per Week	FTE						
15	0.3750	1,850.00	393.72	1,456.28	6,120.44	3,700.00	787.56	2,912.44	17,692.00
17.5	0.4375	1,850.00	459.36	1,390.64	5,668.28	3,700.00	918.72	2,781.28	16,648.00
20	0.5000	1,850.00	525.00	1,325.00	5,216.00	3,700.00	1,050.00	2,650.00	15,604.00
22.5	0.5625	1,850.00	590.64	1,259.36	4,763.72	3,700.00	1,181.28	2,518.72	14,560.00
25	0.6250	1,850.00	656.28	1,193.72	4,311.44	3,700.00	1,312.56	2,387.44	13,516.00
27.5	0.6875	1,850.00	721.92	1,128.08	3,859.28	3,700.00	1,443.72	2,256.28	12,472.00
30	0.7500	1,850.00	787.56	1,062.44	3,407.00	3,700.00	1,575.00	2,125.00	11,428.00
32.5	0.8125	1,850.00	853.08	996.92	2,954.72	3,700.00	1,706.28	1,993.72	10,384.00
35-40	1.0000	1,850.00	1,050.00	800.00	1,598.00	3,700.00	2,100.00	1,600.00	7,252.00

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

		VEBA Premium - Single				VEBA Premium - Family				
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	
VEBA High Deductible Health Plan w/VEBA Account ACCESS NETWORK-LIMITED	Hours Per Week	FTE								
	15	0.3750	542.00	193.32	348.68	4,184.16	1,564.50	456.37	1,108.13	13,297.56
	17.5	0.4375	542.00	225.53	316.47	3,797.64	1,564.50	532.44	1,032.06	12,384.72
	20	0.5000	542.00	257.75	284.25	3,411.00	1,564.50	608.50	956.00	11,472.00
	22.5	0.5625	542.00	289.97	252.03	3,024.36	1,564.50	684.56	879.94	10,559.28
	25	0.6250	542.00	322.19	219.81	2,637.72	1,564.50	760.62	803.88	9,646.56
	27.5	0.6875	542.00	354.40	187.60	2,251.20	1,564.50	836.69	727.81	8,733.72
	30	0.7500	542.00	386.62	155.38	1,864.56	1,564.50	912.75	651.75	7,821.00
	32.5	0.8125	542.00	418.85	123.15	1,477.80	1,564.50	988.81	575.69	6,908.28
	35-40	1.0000	542.00	515.50	26.50	318.00	1,564.50	1,217.00	347.50	4,170.00
		VEBA Savings Account - Single				VEBA Savings Account - Family				
		Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	
	Hours Per Week	FTE								
	15	0.3750	226.13	193.32	32.81	393.72	522.00	456.37	65.63	787.56
	17.5	0.4375	263.81	225.53	38.28	459.36	609.00	532.44	76.56	918.72
	20	0.5000	301.50	257.75	43.75	525.00	696.00	608.50	87.50	1,050.00
	22.5	0.5625	339.19	289.97	49.22	590.64	783.00	684.56	98.44	1,181.28
	25	0.6250	376.88	322.19	54.69	656.28	870.00	760.62	109.38	1,312.56
	27.5	0.6875	414.56	354.40	60.16	721.92	957.00	836.69	120.31	1,443.72
	30	0.7500	452.25	386.62	65.63	787.56	1,044.00	912.75	131.25	1,575.00
	32.5	0.8125	489.94	418.85	71.09	853.08	1,131.00	988.81	142.19	1,706.28
	35-40	1.0000	603.00	515.50	87.50	1,050.00	1,392.00	1,217.00	175.00	2,100.00
		VEBA Out of Pocket - Single				VEBA Out of Pocket - Family				
		Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	
	Hours Per Week	FTE								
	15	0.3750	1,850.00	393.72	1,456.28	5,640.44	3,700.00	787.56	2,912.44	16,210.00
	17.5	0.4375	1,850.00	459.36	1,390.64	5,188.28	3,700.00	918.72	2,781.28	15,166.00
	20	0.5000	1,850.00	525.00	1,325.00	4,736.00	3,700.00	1,050.00	2,650.00	14,122.00
	22.5	0.5625	1,850.00	590.64	1,259.36	4,283.72	3,700.00	1,181.28	2,518.72	13,078.00
	25	0.6250	1,850.00	656.28	1,193.72	3,831.44	3,700.00	1,312.56	2,387.44	12,034.00
	27.5	0.6875	1,850.00	721.92	1,128.08	3,379.28	3,700.00	1,443.72	2,256.28	10,990.00
	30	0.7500	1,850.00	787.56	1,062.44	2,927.00	3,700.00	1,575.00	2,125.00	9,946.00
	32.5	0.8125	1,850.00	853.08	996.92	2,474.72	3,700.00	1,706.28	1,993.72	8,902.00
	35-40	1.0000	1,850.00	1,050.00	800.00	1,118.00	3,700.00	2,100.00	1,600.00	5,770.00

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

		HYBRID Premium - Single				HYBRID Premium - Family			
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
Hours Per Week	FTE								
15	0.3750	525.50	193.32	332.18	3986.16	1,523.00	456.37	1,066.63	12,799.56
17.5	0.4375	525.50	225.53	299.97	3599.64	1,523.00	532.44	990.56	11,886.72
20	0.5000	525.50	257.75	267.75	3213.00	1,523.00	608.50	914.50	10,974.00
22.5	0.5625	525.50	289.97	235.53	2826.36	1,523.00	684.56	838.44	10,061.28
25	0.6250	525.50	322.19	203.31	2439.72	1,523.00	760.62	762.38	9,148.56
27.5	0.6875	525.50	354.40	171.10	2053.20	1,523.00	836.69	686.31	8,235.72
30	0.7500	525.50	386.62	138.88	1666.56	1,523.00	912.75	610.25	7,323.00
32.5	0.8125	525.50	418.85	106.65	1279.80	1,523.00	988.81	534.19	6,410.28
35-40	1.0000	525.50	515.50	10.00	120.00	1,523.00	1,217.00	306.00	3,672.00
		VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
		Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
Hours Per Week	FTE								
15	0.3750	226.13	193.32	32.81	393.72	522.00	456.37	65.63	787.56
17.5	0.4375	263.81	225.53	38.28	459.36	609.00	532.44	76.56	918.72
20	0.5000	301.50	257.75	43.75	525.00	696.00	608.50	87.50	1,050.00
22.5	0.5625	339.19	289.97	49.22	590.64	783.00	684.56	98.44	1,181.28
25	0.6250	376.88	322.19	54.69	656.28	870.00	760.62	109.38	1,312.56
27.5	0.6875	414.56	354.40	60.16	721.92	957.00	836.69	120.31	1,443.72
30	0.7500	452.25	386.62	65.63	787.56	1,044.00	912.75	131.25	1,575.00
32.5	0.8125	489.94	418.85	71.09	853.08	1,131.00	988.81	142.19	1,706.28
35-40	1.0000	603.00	515.50	87.50	1,050.00	1,392.00	1,217.00	175.00	2,100.00
		HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family			
		Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
Hours Per Week	FTE								
15	0.3750	3,375.00	393.72	2,981.28	6,967.44	6,750.00	787.56	5,962.44	18,762.00
17.5	0.4375	3,375.00	459.36	2,915.64	6,515.28	6,750.00	918.72	5,831.28	17,718.00
20	0.5000	3,375.00	525.00	2,850.00	6,063.00	6,750.00	1,050.00	5,700.00	16,674.00
22.5	0.5625	3,375.00	590.64	2,784.36	5,610.72	6,750.00	1,181.28	5,568.72	15,630.00
25	0.6250	3,375.00	656.28	2,718.72	5,158.44	6,750.00	1,312.56	5,437.44	14,586.00
27.5	0.6875	3,375.00	721.92	2,653.08	4,706.28	6,750.00	1,443.72	5,306.28	13,542.00
30	0.7500	3,375.00	787.56	2,587.44	4,254.00	6,750.00	1,575.00	5,175.00	12,498.00
32.5	0.8125	3,375.00	853.08	2,521.92	3,801.72	6,750.00	1,706.28	5,043.72	11,454.00
35-40	1.0000	3,375.00	1,050.00	2,325.00	2,445.00	6,750.00	2,100.00	4,650.00	8,322.00

HYBRID High Deductible Health Plan w/Health Savings & VEBA Accounts AWARE NETWORK

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

		HYBRID Premium - Single				HYBRID Premium - Family			
		Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
Hours Per Week	FTE								
15	0.3750	490.00	193.32	296.68	3560.16	1,413.50	456.37	957.13	11,485.56
17.5	0.4375	490.00	225.53	264.47	3173.64	1,413.50	532.44	881.06	10,572.72
20	0.5000	490.00	257.75	232.25	2787.00	1,413.50	608.50	805.00	9,660.00
22.5	0.5625	490.00	289.97	200.03	2400.36	1,413.50	684.56	728.94	8,747.28
25	0.6250	490.00	322.19	167.81	2013.72	1,413.50	760.62	652.88	7,834.56
27.5	0.6875	490.00	354.40	135.60	1627.20	1,413.50	836.69	576.81	6,921.72
30	0.7500	490.00	386.62	103.38	1240.56	1,413.50	912.75	500.75	6,009.00
32.5	0.8125	490.00	418.85	71.15	853.80	1,413.50	988.81	424.69	5,096.28
35-40	1.0000	490.00	490.00	0.00	0.00	1,413.50	1,217.00	196.50	2,358.00
		VEBA/HSA Savings Account - Single				VEBA/HSA Savings Account - Family			
		Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings
Hours Per Week	FTE								
15	0.3750	226.13	193.32	32.81	393.72	522.00	456.37	65.63	787.56
17.5	0.4375	263.81	225.53	38.28	459.36	609.00	532.44	76.56	918.72
20	0.5000	301.50	257.75	43.75	525.00	696.00	608.50	87.50	1,050.00
22.5	0.5625	339.19	289.97	49.22	590.64	783.00	684.56	98.44	1,181.28
25	0.6250	376.88	322.19	54.69	656.28	870.00	760.62	109.38	1,312.56
27.5	0.6875	414.56	354.40	60.16	721.92	957.00	836.69	120.31	1,443.72
30	0.7500	452.25	386.62	65.63	787.56	1,044.00	912.75	131.25	1,575.00
32.5	0.8125	489.94	418.85	71.09	853.08	1,131.00	988.81	142.19	1,706.28
35-40	1.0000	603.00	515.50	87.50	1,050.00	1,392.00	1,217.00	175.00	2,100.00
		HYBRID Out of Pocket - Single				HYBRID Out of Pocket - Family			
		Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket
Hours Per Week	FTE								
15	0.3750	3,375.00	393.72	2,981.28	6,541.44	6,750.00	787.56	5,962.44	17,448.00
17.5	0.4375	3,375.00	459.36	2,915.64	6,089.28	6,750.00	918.72	5,831.28	16,404.00
20	0.5000	3,375.00	525.00	2,850.00	5,637.00	6,750.00	1,050.00	5,700.00	15,360.00
22.5	0.5625	3,375.00	590.64	2,784.36	5,184.72	6,750.00	1,181.28	5,568.72	14,316.00
25	0.6250	3,375.00	656.28	2,718.72	4,732.44	6,750.00	1,312.56	5,437.44	13,272.00
27.5	0.6875	3,375.00	721.92	2,653.08	4,280.28	6,750.00	1,443.72	5,306.28	12,228.00
30	0.7500	3,375.00	787.56	2,587.44	3,828.00	6,750.00	1,575.00	5,175.00	11,184.00
32.5	0.8125	3,375.00	853.08	2,521.92	3,375.72	6,750.00	1,706.28	5,043.72	10,140.00
35-40	1.0000	3,375.00	1,050.00	2,325.00	2,325.00	6,750.00	2,100.00	4,650.00	7,008.00

HYBRID High Deductible Health Plan w/Health Savings & VEBA ACCESS NETWORK-LIMITED

Support Staff Health Insurance Breakdown by Hours Worked

Rates are effective October 1, 2019 through September 30, 2020

MVP: High Deductible Health Plan with a Health Savings Account AWARE NETWORK	Hours Per Week FTE		MVP Premium - Single				MVP Premium - Family			
			Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium	Total Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Annual Premium
	15	0.3750	420.00	226.13	193.87	2,326.44	1,217.50	522.00	695.50	8,346.00
	17.5	0.4375	420.00	263.81	156.19	1,874.28	1,217.50	609.00	608.50	7,302.00
	20	0.5000	420.00	301.50	118.50	1,422.00	1,217.50	696.00	521.50	6,258.00
	22.5	0.5625	420.00	339.19	80.81	969.72	1,217.50	783.00	434.50	5,214.00
	25	0.6250	420.00	376.88	43.12	517.44	1,217.50	870.00	347.50	4,170.00
	27.5	0.6875	420.00	203.16	216.84	2,602.08	1,217.50	957.00	260.50	3,126.00
	30	0.7500	420.00	420.00	0.00	0.00	1,217.50	1,044.00	173.50	2,082.00
	32.5	0.8125	420.00	420.00	0.00	0.00	1,217.50	1,131.00	86.50	1,038.00
35-40	1.0000	420.00	420.00	0.00	0.00	1,217.50	1,217.50	0.00	0.00	
Hours Per Week FTE		Health Savings Account - Single				Health Savings Account - Family				
		Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	Total District Contribution	Monthly Amount to Premium	Monthly Amount to Savings	Annual Amount to Savings	
15	0.3750	226.13	226.13	0.00	0.00	522.00	522.00	0.00	0.00	
17.5	0.4375	263.81	263.81	0.00	0.00	609.00	609.00	0.00	0.00	
20	0.5000	301.50	301.50	0.00	0.00	696.00	696.00	0.00	0.00	
22.5	0.5625	339.19	339.19	0.00	0.00	783.00	783.00	0.00	0.00	
25	0.6250	376.88	376.88	0.00	0.00	870.00	870.00	0.00	0.00	
27.5	0.6875	203.16	203.16	0.00	0.00	957.00	957.00	0.00	0.00	
30	0.7500	452.25	420.00	32.25	387.00	1,044.00	1,044.00	0.00	0.00	
32.5	0.8125	489.94	420.00	69.94	839.28	1,131.00	1,131.00	0.00	0.00	
35-40	1.0000	603.00	420.00	183.00	2,196.00	1,392.00	1,217.50	174.50	2,094.00	
Hours Per Week FTE		MVP Out of Pocket - Single				MVP Out of Pocket - Family				
		Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	Annual Maximum	Annual Savings Contribution	Maximum Out/Pocket	Premium + Out/Pocket	
15	0.3750	6,350.00	0.00	6,350.00	8,676.44	12,700.00	0.00	12,700.00	21,046.00	
17.5	0.4375	6,350.00	0.00	6,350.00	8,224.28	12,700.00	0.00	12,700.00	20,002.00	
20	0.5000	6,350.00	0.00	6,350.00	7,772.00	12,700.00	0.00	12,700.00	18,958.00	
22.5	0.5625	6,350.00	0.00	6,350.00	7,319.72	12,700.00	0.00	12,700.00	17,914.00	
25	0.6250	6,350.00	0.00	6,350.00	6,867.44	12,700.00	0.00	12,700.00	16,870.00	
27.5	0.6875	6,350.00	0.00	6,350.00	8,952.08	12,700.00	0.00	12,700.00	15,826.00	
30	0.7500	6,350.00	387.00	5,963.00	5,963.00	12,700.00	0.00	12,700.00	14,782.00	
32.5	0.8125	6,350.00	839.28	5,510.72	5,510.72	12,700.00	0.00	12,700.00	13,738.00	
35-40	1.0000	6,350.00	2,196.00	4,154.00	4,154.00	12,700.00	2,094.00	10,606.00	10,606.00	