

HEALTH ASSESMENT PARTICIPANTS		Salary < \$ 34,000			Salary > \$ 34,000		
Monthly Premium	Board		Board		Board		Employee's Cost
	Premium Contribution	HSA Contribution	Premium Contribution	HSA Contribution	Premium Contribution	HSA Contribution	
<u>\$500 Deductible</u>							
Employee Only	\$501	\$419	\$0	\$82	\$409	\$0	\$92
Employee + One	\$826	\$537	\$0	\$289	\$527	\$0	\$299
Employee + Spouse	\$1,186	\$561	\$0	\$625	\$551	\$0	\$635
Employee + Family	\$1,506	\$581	\$0	\$925	\$571	\$0	\$935
<u>\$1500 Deductible</u>							
Employee Only	\$429	\$419	\$0	\$10	\$409	\$0	\$20
Employee + One	\$711	\$537	\$0	\$174	\$527	\$0	\$184
Employee + Spouse	\$1,020	\$561	\$0	\$459	\$551	\$0	\$469
Employee + Family	\$1,295	\$581	\$0	\$714	\$571	\$0	\$724
<u>HD-HSA \$2,500 Deductible</u>							
Employee Only	\$303	\$293	\$85	\$10	\$283	\$85	\$20
Employee + One	\$501	\$409	\$85	\$92	\$399	\$85	\$102
Employee + Spouse	\$721	\$426	\$85	\$295	\$416	\$85	\$305
Employee + Family	\$912	\$438	\$85	\$474	\$428	\$85	\$484

Board contribution is based on full-time employment - the contribution will be adjusted for reduced contracts.

HEALTH ASSESMENT NON-PARTICIPANTS		Salary < \$ 34,000			Salary > \$ 34,000		
Monthly Premium	Board		Board		Board		Employee's Cost
	Premium Contribution	HSA Contribution	Premium Contribution	HSA Contribution	Premium Contribution	HSA Contribution	
<u>\$500 Deductible</u>							
Employee Only	\$501	\$394	\$0	\$107	\$384	\$0	\$117
Employee + One	\$826	\$512	\$0	\$314	\$502	\$0	\$324
Employee + Spouse	\$1,186	\$536	\$0	\$650	\$526	\$0	\$660
Employee + Family	\$1,506	\$556	\$0	\$950	\$546	\$0	\$960
<u>\$1500 Deductible</u>							
Employee Only	\$429	\$394	\$0	\$35	\$384	\$0	\$45
Employee + One	\$711	\$512	\$0	\$199	\$502	\$0	\$209
Employee + Spouse	\$1,020	\$536	\$0	\$484	\$526	\$0	\$494
Employee + Family	\$1,295	\$556	\$0	\$739	\$546	\$0	\$749
<u>HD-HSA \$2,500 Deductible</u>							
Employee Only	\$303	\$268	\$85	\$35	\$258	\$85	\$45
Employee + One	\$501	\$384	\$85	\$117	\$374	\$85	\$127
Employee + Spouse	\$721	\$401	\$85	\$320	\$391	\$85	\$330
Employee + Family	\$912	\$413	\$85	\$499	\$403	\$85	\$509

Board contribution is based on full-time employment - the contribution will be adjusted for reduced contracts.

DENTAL		Board	
Monthly Premium	Premium Contribution	Employee's Cost	
Employee Only	\$32	\$32	\$0
Employee + One	\$66	\$35	\$31
Employee + Family	\$88	\$37	\$51

Board contribution is based on full-time employment - the contribution will be adjusted for reduced contracts.