

HEALTH PARTNERS COSTS 2016-2017

TEACHERS Primary Plan 3000/6000 Deductible	A	B	C	D
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2016-June 2017)	22 payrolls beginning 9/2/2016 (Total Cost / 22)
		Column A x 12%	Column B x 12 months	Column C ÷ 22 checks
Employee	\$526.15	\$63.14	\$757.66	\$34.44
Employee + Spouse	\$1,210.16	\$145.22	\$1,742.63	\$79.21
Employee + Child(ren)	\$947.09	\$113.65	\$1,363.81	\$61.99
Family	\$1,683.71	\$202.05	\$2,424.54	\$110.21

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

TEACHERS Elective Plan 750 Deductible	A	B	C	D
	Full Annual Premium	Annual District Contribution Equals 88% of 3000/6000 Plan	Total Employee Cost for 12 months (July 2016-June 2017)	22 payrolls beginning 9/2/2016 (Total Cost / 22)
			Column A - Column B	Column C ÷ 22 checks
Employee	\$7,426.68	\$5,556.14	\$1,870.54	\$85.02
Employee + Spouse	\$17,081.52	\$12,779.29	\$4,302.23	\$195.56
Employee + Child(ren)	\$1,368.24	\$10,001.27	-\$8,633.03	-\$392.41
Family	\$23,765.76	\$17,779.98	\$5,985.78	\$272.08

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

HEALTH PARTNERS COSTS 2016-2017

Year-Round Administrators, Custodian, Secretaries Primary Plan 3000/6000 Deductible	A	B	C	D
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2016-June 2017)	26 payrolls beginning 7/8/2016 (Total Cost / 26)
		Column A x 12%	Column B x 12 months	Column C ÷ 26 checks
Employee	\$526.15	\$63.14	\$757.66	\$29.14
Employee + Spouse	\$1,210.16	\$145.22	\$1,742.63	\$67.02
Employee + Child(ren)	\$947.09	\$113.65	\$1,363.81	\$52.45
Family	\$1,683.71	\$202.05	\$2,424.54	\$93.25

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

Year-Round Administrators, Custodians, Secretaries Elective Plan 750 Deductible	A	B	C	D
	Full Annual Premium	Annual District Contribution Equals 88% of 3000/6000 Plan	Total Employee Cost for 12 months (July 2016-June 2017)	26 payrolls beginning 7/8/2016 (Total Cost / 26)
			Column A - Column B	Column C ÷ 26 checks
Employee	\$7,426.68	\$5,556.14	\$1,870.54	\$71.94
Employee + Spouse	\$17,081.52	\$12,779.29	\$4,302.23	\$165.47
Employee + Child(ren)	\$1,368.24	\$10,001.27	-\$8,633.03	-\$332.04
Family	\$23,765.76	\$17,779.98	\$5,985.78	\$230.22

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

HEALTH PARTNERS COSTS 2016-2017

Assistant Principals, Director of FS Primary Plan 3000/6000 Deductible	A	B	C	D
	Full Premium per month	Employee Cost Equals 12% of Premium per month	Total Employee Cost for 12 months (July 2016-June 2017)	24 payrolls beginning 8/5/2016 (Total Cost / 24)
		Column A x 12%	Column B x 12 months	Column C ÷ 24 checks
Employee	\$526.15	\$63.14	\$757.66	\$31.57
Employee + Spouse	\$1,210.16	\$145.22	\$1,742.63	\$72.61
Employee + Child(ren)	\$947.09	\$113.65	\$1,363.81	\$56.83
Family	\$1,683.71	\$202.05	\$2,424.54	\$101.02

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

Assistant Principals, Director of FS Elective Plan 750 Deductible	A	B	C	D
	Full Annual Premium	Annual District Contribution Equals 88% of 3000/6000 Plan	Total Employee Cost for 12 months (July 2016-June 2017)	24 payrolls beginning 8/5/2016 (Total Cost / 24)
			Column A - Column B	Column C ÷ 24 checks
Employee	\$7,426.68	\$5,556.14	\$1,870.54	\$77.94
Employee + Spouse	\$17,081.52	\$12,779.29	\$4,302.23	\$179.26
Employee + Child(ren)	\$1,368.24	\$10,001.27	-\$8,633.03	-\$359.71
Family	\$23,765.76	\$17,779.98	\$5,985.78	\$249.41

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

HEALTH PARTNERS COSTS 2016-2017

Secretary 3, Director of Health Primary Plan 3000/6000 Deductible	A	B	C	D	E	F	G
	Full Premium per month	Employee Cost Equals 12 % of Premium per month	Total Employee Cost for 12 months (July 2016-June 2017) SINGLE ONLY	Employee Cost for 11 months FAMILY ONLY	23 payrolls (Total Cost /23)	Employee Cost for 1 month FAMILY ONLY	Total Employee Cost FAMILY ONLY (11 months + 1 month)
		Column A x 12%	Column B x 12 months	Column B x 11 months	Column C or D ÷ 23 checks	Column A ÷ 23 checks	Column E + Column F
Employee	\$526.15	\$63.14	\$757.66		\$32.94		
Employee + Spouse	\$1,210.16	\$145.22		\$1,597.41	\$69.45	\$52.62	\$122.07
Employee + Child(ren)	\$947.09	\$113.65		\$1,250.16	\$54.35	\$41.18	\$95.53
Family	\$1,683.71	\$202.05		\$2,222.50	\$96.63	\$73.20	\$169.84

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

Secretary 3, Director of Health Elective Plan 750 Deductible	A	B	C	D	E	F	G	H
	Full Annual Premium	Annual District Contribution = 88% of 3000/6000 plan	Annual Employee Cost (12 months)	Employee Cost per month FAMILY ONLY	Employee Cost for 11 months FAMILY ONLY	23 payrolls beginning (Total Cost / 23)	Cost for 1 month FAMILY ONLY	Total Employee Cost FAMILY ONLY (11 months + 1 month)
			Column A - Column B	Column C ÷ 12 months	Column D x 11 months	Column C or E ÷ 23 checks	Column A ÷ 12 months ÷ 23 checks	Column F + Column G
Employee	\$7,426.68	\$5,556.14	\$1,870.54			\$81.33		
Employee + Spouse	\$17,081.52	\$12,779.29	\$4,302.23	\$358.52	\$3,943.71	\$171.47	\$61.89	\$233.36
Employee + Child(ren)	\$1,368.24	\$10,001.27	-\$8,633.03	-\$719.42	-\$7,913.61	-\$344.07	\$4.96	-\$339.11
Family	\$23,765.76	\$17,779.98	\$5,985.78	\$498.82	\$5,486.97	\$238.56	\$86.11	\$324.67

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

HEALTH PARTNERS COSTS 2016-2017

Hourly Support Staff/All Others Primary Plan 3000/6000 Deductible	A	B	C	D	E	F	G
	Full Premium per month	Employee Cost Equals 12 % of Premium per month	Total Employee Cost for 12 months (July 2016-June 2017) SINGLE ONLY	Employee Cost for 11 months FAMILY ONLY	21 payrolls (Total Cost /21)	Employee Cost for 1 month FAMILY ONLY	Total Employee Cost FAMILY ONLY (11 months + 1 month)
			Column A x 12%	Column B x 12 months	Column B x 11 months	Column C or D ÷ 21 checks	Column A ÷ 21 checks
Employee	\$526.15	\$63.14	\$757.66		\$36.08		
Employee + Spouse	\$1,210.16	\$145.22		\$1,597.41	\$76.07	\$57.63	\$133.69
Employee + Child(ren)	\$947.09	\$113.65		\$1,250.16	\$59.53	\$45.10	\$104.63
Family	\$1,683.71	\$202.05		\$2,222.50	\$105.83	\$80.18	\$186.01

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single

Hourly Support Staff/All Others Elective Plan 750 Deductible	A	B	C	D	E	F	G	H
	Full Annual Premium	Annual District Contribution = 88% of 3000/6000 plan	Annual Employee Cost (12 months)	Employee Cost per month FAMILY ONLY	Employee Cost for 11 months FAMILY ONLY	21 payrolls beginning (Total Cost / 21)	Cost for 1 month FAMILY ONLY	Total Employee Cost FAMILY ONLY (11 months + 1 month)
			Column A - Column B	Column C ÷ 12 months	Column D x 11 months	Column C or E ÷ 21 checks	Column A ÷ 12 months ÷ 21 checks	Column F + Column G
Employee	\$7,426.68	\$5,556.14	\$1,870.54			\$89.07		
Employee + Spouse	\$17,081.52	\$12,779.29	\$4,302.23	\$358.52	\$3,943.71	\$187.80	\$67.78	\$255.58
Employee + Child(ren)	\$1,368.24	\$10,001.27	-\$8,633.03	-\$719.42	-\$7,913.61	-\$376.84	\$5.43	-\$371.41
Family	\$23,765.76	\$17,779.98	\$5,985.78	\$498.82	\$5,486.97	\$261.28	\$94.31	\$355.59

The District will contribute towards either an HSA or HRA (yet to be determined by the Board) \$1,000 Family; \$500 Single