

**HEALTH/DENTAL INSURANCE PREMIUM RATES**  
Effective for deductions in January 2021

<b>HDHP #1</b>				
Deductible – Single \$2,000 Family \$4,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single, Full-time	\$8,433.28	\$5,925.00	\$2,508.28	\$104.51
Single, Half-time	\$8,433.28	\$4,740.00	\$3,693.28	\$153.89
Employee & Spouse, Full-time	\$19,363.68	\$11,000.00	\$8,363.68	\$348.49
Employee & Spouse Half-time	\$19,363.68	\$8,800.00	\$10,563.68	\$440.15
Employee & Child(ren), Full-time	\$15,238.76	\$7,400.00	\$7,838.76	\$326.62
Employee & Child(ren) Half-time	\$15,238.76	\$5,920.00	\$ 9,318.76	\$388.28
Family, Full-time	\$24,045.52	\$15,400.00	\$8,645.52	\$360.23
Family, Half-time	\$24,045.52	\$12,320.00	\$11,725.52	\$488.56
Family, Both Employed Full-time	\$24,045.52	\$15,750.00	\$8,295.52	\$345.65
Family, Both Employed Half-time	\$24,045.52	\$12,600.00	\$ 11,445.52	\$476.90

<b>HDHP #2</b>				
Deductible – Single \$3,000 Family \$6,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single, Full-time	\$7,705.28	\$5,925.00	\$1,780.28	\$ 74.18
Single, Half-time	\$7,705.28	\$4,740.00	\$2,965.28	\$123.55
Employee & Spouse, Full-time	\$17,689.68	\$11,000.00	\$ 6,689.68	\$278.74
Employee & Spouse Half-time	\$17,689.68	\$8,800.00	\$8,889.68	\$370.40
Employee & Child(ren), Full-time	\$13,927.76	\$7,400.00	\$6,527.76	\$271.99
Employee & Child(ren) Half-time	\$13,927.76	\$5,920.00	\$8,007.76	\$333.66
Family, Full-time	\$22,007.52	\$15,400.00	\$6,607.52	\$275.31
Family, Half-time	\$22,007.52	\$12,320.00	\$ 9,687.52	\$403.65
Family, Both Employed Full-time	\$22,007.52	\$15,750.00	\$6,257.52	\$260.73
Family, Both Employed Half-time	\$22,007.52	\$12,600.00	\$9,407.52	\$391.98

<b>HDHP #3</b>				
Deductible – Single \$4,000 Family \$8,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single, Full-time	\$7,511.28	\$5,925.00	\$1,586.28	\$ 66.10
Single, Half-time	\$7,511.28	\$4,740.00	\$2,771.28	\$115.47
Employee & Spouse, Full-time	\$17,244.68	\$11,000.00	\$6,244.68	\$260.20
Employee & Spouse Half-time	\$17,244.68	\$8,800.00	\$ 8,444.68	\$351.86
Employee & Child(ren), Full-time	\$13,578.76	\$7,400.00	\$6,178.76	\$257.45
Employee & Child(ren) Half-time	\$13,578.76	\$5,920.00	\$7,658.76	\$319.12
Family, Full-time	\$21,547.52	\$15,400.00	\$6,147.52	\$256.15
Family, Half-time	\$21,547.52	\$12,320.00	\$9,227.52	\$384.48
Family, Both Employed Full-time	\$21,547.52	\$15,750.00	\$5,797.52	\$241.56
Family, Both Employed Half-time	\$21,547.52	\$12,600.00	\$8,947.52	\$372.81

November 1, 2020  
*Continued*

*Administrators and Certified Staff 24 Pay Deductions*

**HEALTH/DENTAL INSURANCE PREMIUM RATES**  
*Effective for deductions in January 2021*

<b>HDHP #4</b>				
Deductible – Single \$5,000 Family \$10,000	ANNUAL PREMIUM	EMPLOYER CONTRI- BUTION	ANNUAL EMPLOYEE COST	PER PAY DEDUCTION
Single, Full-time	\$7,102.28	\$5,925.00	\$1,177.28	\$ 49.05
Single, Half-time	\$7,102.28	\$4,740.00	\$2,362.28	\$ 98.43
Employee & Spouse, Full-time	\$16,302.68	\$11,000.00	\$5,302.68	\$220.95
Employee & Spouse, Half-time	\$16,302.68	\$8,800.00	\$7,502.68	\$312.61
Employee & Child(ren), Full-time	\$12,842.76	\$7,400.00	\$5,442.76	\$226.78
Employee & Child(ren), Half-time	\$12,842.76	\$5,920.00	\$6,922.76	\$288.45
Family, Full-time	\$20,591.52	\$15,400.00	\$5,191.52	\$216.31
Family, Half-time	\$20,591.52	\$12,320.00	\$8,271.52	\$344.65
Family Both Employed Full-time	\$20,591.52	\$15,750.00	\$4,841.52	\$201.73
Family Both Employed Half-time	\$20,591.52	\$12,600.00	\$7,991.52	\$332.98