

2021 Health Insurance Plan Rate Comparison PEIP Plans

*Employee/Employer Costs for benefits eligible Teachers based on 2020/2021 contract negotiated rates.

| | Employee Deduction Per Paycheck | Employee Monthly Contribution | Employer Monthly Contribution | Total Monthly Plan Premium | Total Annual EE Cost | Total Annual ER Contribution | |
|-----------------------|---------------------------------|-------------------------------|-------------------------------|----------------------------|----------------------|------------------------------|------------------------------|
| Advantage Plan | | | | | | | |
| Employee Only | \$37.96 | \$75.92 | \$808.00 | \$883.92 | \$911.04 | \$9,696.00 | |
| Employee + Children | \$329.02 | \$658.04 | \$933.00 | \$1,591.04 | \$7,896.48 | \$11,196.00 | |
| Employee + Spouse | \$461.60 | \$923.20 | \$933.00 | \$1,856.20 | \$11,078.40 | \$11,196.00 | |
| Family | \$770.97 | \$1,541.94 | \$933.00 | \$2,474.94 | \$18,503.28 | \$11,196.00 | |
| Value Plan | | | | | | | |
| Employee Only | \$0.00 | \$0.00 | \$808.00 | \$794.56 | \$0.00 | \$9,696.00 | |
| Employee + Children | \$248.61 | \$497.22 | \$933.00 | \$1,430.22 | \$5,966.64 | \$11,196.00 | |
| Employee + Spouse | \$367.79 | \$735.58 | \$933.00 | \$1,668.58 | \$8,826.96 | \$11,196.00 | |
| Family | \$645.89 | \$1,291.78 | \$933.00 | \$2,224.78 | \$15,501.36 | \$11,196.00 | |
| HSA Elig Plan | | | | | | | |
| *Employee Only | \$0.00 | \$0.00 | \$808.00 | \$618.10 | \$0.00 | \$9,696.00 | As ER HSA Cont \$2,278.80 |
| Employee + Children | \$89.79 | \$179.58 | \$933.00 | \$1,112.58 | \$2,154.96 | \$11,196.00 | |
| Employee + Spouse | \$182.49 | \$364.98 | \$933.00 | \$1,297.98 | \$4,379.76 | \$11,196.00 | |
| Family | \$398.82 | \$797.64 | \$933.00 | \$1,730.64 | \$9,571.68 | \$11,196.00 | |

*Based on current contract language the remaining employer share is deposited into an HSA account. The HSA eligible Plan is the only plan this would apply to.