

**(FEA) Certificated Full-Time Health Benefit Rates
JAN 2022 - DEC 2022**

| | MONTHLY EMPLOYEE CONTRIBUTION (Tenthly) | | | | | | | | MONTHLY PREMIUM | | | | | | | |
|-----------------------|---|-----------------------------------|-----------------------------------|-----------------------------------|--------|--------|--------|--------|------------------------|-----------------|------------------------|-----------------|----------|---------|--------|--------|
| | Kaiser Traditional HMO | Kaiser HDHP HMO | Anthem Traditional PPO | Anthem HDHP PPO | Dental | Vision | Life | EAP | Kaiser Traditional HMO | Kaiser HDHP HMO | Anthem Traditional PPO | Anthem HDHP PPO | Dental | Vision | Life | EAP |
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$703.65 | \$586.34 | \$1,113.84 | \$836.80 | \$125.72 | \$15.45 | \$8.07 | \$2.20 |
| Employee + Spouse | \$150.00 or \$280.00 | \$150.00 or \$280.00 | \$150.00 or \$280.00 | \$150.00 or \$280.00 | \$0.00 | \$0.00 | N/A | \$0.00 | \$1,548.02 | \$1,289.95 | \$2,431.41 | \$1,840.98 | \$125.72 | \$15.45 | N/A | \$2.20 |
| Employee + Child(ren) | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$0.00 | \$0.00 | N/A | \$0.00 | \$1,407.30 | \$1,172.68 | \$1,987.92 | \$1,506.25 | \$125.72 | \$15.45 | N/A | \$2.20 |
| Employee + Family | \$150.00 or \$280.00 plus \$25.00 | \$150.00 or \$280.00 plus \$25.00 | \$150.00 or \$280.00 plus \$25.00 | \$150.00 or \$280.00 plus \$25.00 | \$0.00 | \$0.00 | N/A | \$0.00 | \$2,110.94 | \$1,759.02 | \$3,426.12 | \$2,594.11 | \$125.72 | \$15.45 | N/A | \$2.20 |

*** Annual Spousal Contribution:**

\$1,500.00 for Spouse/Domestic Partner that has **no access** to other group health plan (**need to submit signed spousal affidavit**). (\$1,500 / 10 months = \$150.00)

\$2,800.00 for Spouse/Domestic Partner that **has access** to other group health plan. (\$2,800 / 10 months = \$280.00)

*** Annual Child(ren) Contribution:**

\$250.00 for covering **any number** of children. (\$250 / 10 months = \$25.00)

*** Part-time employees contribute on a prorated basis.**

*** HSA Contribution for Employee Enrolled on High Deductible Health Plan (HDHP):**

Employee enrolled into an Anthem HDHP plan or Kaiser HDHP plan, a Health Savings Account (HSA) will be opened on your behalf with VitaFlex.

FEA will contribute to the HSA on your behalf each month: \$1,500/year (\$150/mo tenthly) for individual coverage or \$3,000/year (\$300/mo tenthly) for family coverage.