

**FREMONT UNION HIGH SCHOOL DISTRICT
(FEA) CERTIFICATED HEALTH BENEFITS
PART-TIME MONTHLY EMPLOYEE SHARE (JAN 2022 - DEC 2022)**

<i>EMPLOYEE FTE</i>	0.833	0.80	0.70	0.666	0.60	0.50
**Kaiser Traditional + Vision, Dental, EAP	\$242.90	\$290.88	\$436.34	\$485.78	\$581.78	\$727.22
**Kaiser HDHP + Vision, Dental, EAP	\$241.14	\$288.78	\$433.19	\$482.27	\$577.57	\$721.96
**Anthem Traditional + Vision, Dental, EAP	\$364.59	\$436.62	\$654.95	\$729.16	\$873.25	\$1,091.56
**Anthem HDHP + Vision, Dental, EAP	\$314.46	\$376.59	\$564.90	\$628.91	\$753.19	\$941.48
**Vision, Dental, EAP only (no medical)	\$23.58	\$28.23	\$42.36	\$47.15	\$56.47	\$70.58

Spousal Contribution: (If covering spouse/registered domestic partner)

*Add **\$150.00** to the above monthly amount, if spouse/registered domestic partner **has no access** to other employer group health plan. Add **\$280.00** if spouse/registered domestic partner **has access** to other employer group health plan.

Children Contribution:

* Add **\$25.00** child(ren) surcharge for covering any number of children.

*If you are only selecting Vision, Dental, and EAP (no medical), your spouse/registered domestic partner and children dependents can be covered at no extra charge on your Dental, Vision & EAP plan.

****The amount of the employee's health portion above (medical, dental, vision) will double deduct on the employee's Apr and May Payroll to cover the employee's June & July employee contributions.**

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 for individual coverage or \$3,000/year for family coverage).