

**FREMONT UNION HIGH SCHOOL DISTRICT
(FEA) CERTIFICATED HEALTH BENEFITS
PART-TIME MONTHLY EMPLOYEE SHARE (JAN 2024 - DEC 2024)**

<i>EMPLOYEE FTE</i>	0.833	0.80	0.70	0.666	0.60	0.50
**Kaiser Traditional + Vision, Dental	\$289.12	\$346.25	\$519.38	\$578.25	\$692.51	\$865.66
**Kaiser HDHP + Vision, Dental	\$282.07	\$337.81	\$506.72	\$564.16	\$675.63	\$844.56
**Anthem Legacy + Vision, Dental	\$456.39	\$546.57	\$819.86	\$912.79	\$1,093.15	\$1,366.46
**Anthem Non-Legacy + Vision, Dental	\$438.95	\$525.68	\$788.53	\$877.90	\$1,051.38	\$1,314.24
**Anthem HDHP + Vision, Dental	\$390.42	\$467.57	\$701.37	\$780.86	\$935.16	\$1,168.96
**Vision, Dental only (no medical)	\$24.04	\$28.79	\$43.19	\$48.09	\$57.59	\$72.00

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,(no medical), your spouse/registered domestic partner and children dependents can be covered at no extra charge on your Dental and Vision.

****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 (\$1,600/year for individual coverage or \$3,200/year for family coverage).