

Enter the District/Employer premium contribution percentage below (in cell A2) for actual costs:

84%	Employee costs are in <i>Italics</i>									
Non-Licensed Employee* Full Time - <i>Single Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Single	Platinum	\$2,800	\$2,200	\$600	\$1,202.97	\$14,435.64	\$11,083.06	\$3,352.58	\$279.38	\$3,952.58
Single	Gold	\$3,100	\$2,200	\$900	\$1,177.89	\$14,134.68	\$11,083.06	\$3,051.62	\$254.30	\$3,951.62
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,099.51	\$13,194.12	\$11,083.06	\$2,111.06	\$175.92	\$2,411.06
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$10,220.11	\$1,946.69	\$162.22	\$3,746.69
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - <i>Self & Spouse Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,405.95	\$28,871.40	\$20,814.49	\$8,056.91	\$671.41	\$9,256.91
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,355.79	\$28,269.48	\$20,814.49	\$7,454.99	\$621.25	\$9,254.99
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,064.93	\$24,779.16	\$20,814.49	\$3,964.67	\$330.39	\$4,564.67
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$20,440.43	\$3,893.41	\$324.45	\$7,493.41
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - <i>Parent/Child(ren) Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$2,011.55	\$24,138.60	\$17,134.79	\$7,003.81	\$583.65	\$8,203.81
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,971.27	\$23,655.24	\$17,134.79	\$6,520.45	\$543.37	\$8,320.45
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,699.88	\$20,398.56	\$17,134.79	\$3,263.77	\$271.98	\$3,863.77
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$17,228.43	\$3,281.61	\$273.47	\$6,881.61
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Non-Licensed Employee* Full Time - <i>Family Policy</i> - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	HRA/HSA** Funding by Employer 2023-2027	Annual Out-of-Pocket Exposure for Employee <i>After</i> HRA/HSA**	Total Monthly Premium 7/1/2024	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Monthly Premium Share	Total Employee Annual Exposure Premium & Out-of-Pocket Share
Family	Platinum	\$5,600	\$4,400	\$1,200	\$3,403.19	\$40,838.28	\$30,700.15	\$10,138.13	\$844.84	\$11,338.13
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,334.30	\$40,011.60	\$30,700.15	\$9,311.45	\$775.95	\$11,111.45
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,045.65	\$36,547.80	\$30,700.15	\$5,847.65	\$487.30	\$6,447.65
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$29,083.32	\$5,539.68	\$461.64	\$9,139.68
*If you are unsure if these costs apply to you, see "What employee segment am I in?" on our website.										
**HSA only available on Silver Plan										
Employer premium contributions for the <i>Platinum and Gold Plans</i> are identical to the employer premium contribution to the <i>Gold CDHP</i> .										
Premiums are set on a fiscal-year basis. These rates reflect changes as of July 1, 2024.										

Updated 3.29.2024 - No change to HSA/HRA Funding for 2023-2027