

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

83%	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	\$10,951.12	\$3,484.52	\$290.38	\$4,084.52
Single	Gold	\$3,100	\$2,200	\$900	\$1,177.89	\$14,134.68	\$10,951.12	\$3,183.56	\$265.30	\$4,083.56
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,099.51	\$13,194.12	\$10,951.12	\$2,243.00	\$186.92	\$2,543.00
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$10,098.44	\$2,068.36	\$172.36	\$3,868.36
*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	\$20,566.70	\$8,304.70	\$692.06	\$9,504.70
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,355.79	\$28,269.48	\$20,566.70	\$7,702.78	\$641.90	\$9,502.78
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,064.93	\$24,779.16	\$20,566.70	\$4,212.46	\$351.04	\$4,812.46
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$20,197.09	\$4,136.75	\$344.73	\$7,736.75
*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	\$16,930.80	\$7,207.80	\$600.65	\$8,407.80
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,971.27	\$23,655.24	\$16,930.80	\$6,724.44	\$560.37	\$8,524.44
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,699.88	\$20,398.56	\$16,930.80	\$3,467.76	\$288.98	\$4,067.76
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$17,023.33	\$3,486.71	\$290.56	\$7,086.71
*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	\$30,334.67	\$10,503.61	\$875.30	\$11,703.61
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,334.30	\$40,011.60	\$30,334.67	\$9,676.93	\$806.41	\$11,476.93
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,045.65	\$36,547.80	\$30,334.67	\$6,213.13	\$517.76	\$6,813.13
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$28,737.09	\$5,885.91	\$490.49	\$9,485.91
*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