

Non Licensed Employee -- JULY 1, 2026 - JUNE 30, 2027

80%	Non-Licensed Employee - JUNE 1, 2020 - JUNE 30, 2021											
Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2028 HRA Funding by Employer	2024-2028 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks		Total Employee Annual Exposure Premium & Out-of Pocket Share
Single	Platinum	\$2,800	\$2,200	NA	\$600	\$1,435.18	\$17,222.16	\$12,684.58	\$4,537.58	\$226.88		\$5,137.58
Single	Gold	\$3,100	\$2,200	NA	\$900	\$1,407.39	\$16,888.68	\$12,684.58	\$4,204.10	\$210.21		\$5,104.10
Single	Gold CDHP	\$2,500	\$2,200	NA	\$300	\$1,321.31	\$15,855.72	\$12,684.58	\$3,171.14	\$158.56		\$3,471.14
Single	Silver CDHP	\$4,000	\$2,200	\$2,200	\$1,800	\$1,209.57	\$14,514.84	\$11,611.87	\$2,902.97	\$145.15		\$4,702.97
**HSA only available on Silver Plan												
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .												

Non-Licensed Employee* Full Time - Two-Person Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2028 HRA Funding by Employer	2024-2028 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After HRA/HSA**</i>	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks		Total Employee Annual Exposure Premium & Out-of Pocket Share
Two Person	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,870.38	\$34,444.56	\$23,822.21	\$10,622.35	\$531.12		\$11,822.35
Two Person	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,814.79	\$33,777.48	\$23,822.21	\$9,955.27	\$497.76		\$11,755.27
Two Person	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$2,481.48	\$29,777.76	\$23,822.21	\$5,955.55	\$297.78		\$6,555.55
Two Person	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$2,419.17	\$29,030.04	\$23,224.03	\$5,806.01	\$290.30		\$9,406.01
**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> .												

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2024-2028 HRA Funding by Employer	2024-2028 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee <i>After HRA/HSA**</i>	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,399.84	\$28,798.08	\$19,610.78	\$9,187.30	\$459.36	\$10,387.30
Parent/Child(ren)	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,355.35	\$28,264.20	\$19,610.78	\$8,653.42	\$432.67	\$10,453.42
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$2,042.79	\$24,513.48	\$19,610.78	\$4,902.70	\$245.13	\$5,502.70
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$2,039.02	\$24,468.24	\$19,574.59	\$4,893.65	\$244.68	\$8,493.65
**HSA only available on Silver Plan											
Employer premium contributions for the Platinum and Gold Plans are identical to the employer premium contribution to the Gold CDHP.											

[illegible]