

Non-Licensed Staff													
80%												Employee costs are in Italics	
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	2024 HRA/HSA** Funding by Employer	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	Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks	
Single	Platinum	\$2,800	\$2,200	\$600	\$1,202.97	\$14,435.64	\$10,555.30	\$3,880.34	\$323.36	\$4,480.34	\$149.24	\$194.02	
Single	Gold	\$3,100	\$2,200	\$900	\$1,177.89	\$14,134.68	\$10,555.30	\$3,579.38	\$298.28	\$4,479.38	\$137.67	\$178.97	
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,099.51	\$13,194.12	\$10,555.30	\$2,638.82	\$219.90	\$2,938.82	\$101.49	\$131.94	
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$9,733.44	\$2,433.36	\$202.78	\$4,233.36	\$93.59	\$121.67	
*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	2024 HRA/HSA** Funding by Employer	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	Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks	
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,405.95	\$28,871.40	\$19,823.33	\$9,048.07	\$754.01	\$10,248.07	\$348.00	\$452.40	
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,355.79	\$28,269.48	\$19,823.33	\$8,446.15	\$703.85	\$10,246.15	\$324.85	\$422.31	
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,064.93	\$24,779.16	\$19,823.33	\$4,955.83	\$412.99	\$5,555.83	\$190.61	\$247.79	
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$19,467.07	\$4,866.77	\$405.56	\$8,466.77	\$187.18	\$243.34	
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**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	2024 HRA/HSA** Funding by Employer	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	Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks	
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$2,011.55	\$24,138.60	\$16,318.85	\$7,819.75	\$651.65	\$9,019.75	\$300.76	\$390.99	
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,971.27	\$23,655.24	\$16,318.85	\$7,336.39	\$611.37	\$9,136.39	\$282.17	\$366.82	
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,699.88	\$20,398.56	\$16,318.85	\$4,079.71	\$339.98	\$4,679.71	\$156.91	\$203.99	
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$16,408.03	\$4,102.01	\$341.83	\$7,702.01	\$157.77	\$205.10	
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**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	2024 HRA/HSA** Funding by Employer	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	Price per paycheck (Year Round Employee) 26 Paychecks	Price per paycheck (School Year Employee) 22 Paychecks	
Family	Platinum	\$5,600	\$4,400	\$1,200	\$3,403.19	\$40,838.28	\$29,238.24	\$11,600.04	\$966.67	\$12,800.04	\$446.16	\$580.00	
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,334.30	\$40,011.60	\$29,238.24	\$10,773.36	\$897.78	\$12,573.36	\$414.36	\$538.67	
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,045.65	\$36,547.80	\$29,238.24	\$7,309.56	\$609.13	\$7,909.56	\$281.14	\$365.48	
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$27,698.40	\$6,924.60	\$577.05	\$10,524.60	\$266.33	\$346.23	
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**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 3.14.2024 - No change to HSA/HRA Funding for