

Paraeducator Rates Effective 7/1/2024 - 12/31/2024)

86% <i>Employee costs are in Italics</i>											Price per paycheck (Year Round Employee)	Price per paycheck (School Year Employee)
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>ABOX</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	\$11,346.94	\$3,088.70	\$257.39	\$3,688.70	\$118.80	\$154.43
Single	Gold	\$3,100	\$2,200	\$900	\$1,177.89	\$14,134.68	\$11,346.94	\$2,787.74	\$232.31	\$3,687.74	\$107.22	\$139.39
Single	Gold CDHP	\$2,500	\$2,200	\$300	\$1,099.51	\$13,194.12	\$11,346.94	\$1,847.18	\$153.93	\$2,147.18	\$71.05	\$92.36
Single	Silver CDHP	\$4,000	\$2,200	\$1,800	\$1,013.90	\$12,166.80	\$10,463.45	\$1,703.35	\$141.95	\$3,503.35	\$65.51	\$85.17
*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>ABOX</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)	Price per paycheck (School Year Employee)
Self & Spouse	Platinum	\$5,600	\$4,400	\$1,200	\$2,405.95	\$28,871.40	\$21,310.08	\$7,561.32	\$630.11	\$8,761.32	\$290.82	\$378.07
Self & Spouse	Gold	\$6,200	\$4,400	\$1,800	\$2,355.79	\$28,269.48	\$21,310.08	\$6,959.40	\$579.95	\$8,759.40	\$267.67	\$347.97
Self & Spouse	Gold CDHP	\$5,000	\$4,400	\$600	\$2,064.93	\$24,779.16	\$21,310.08	\$3,469.08	\$289.09	\$4,069.08	\$133.43	\$173.45
Self & Spouse	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,027.82	\$24,333.84	\$20,927.10	\$3,406.74	\$283.89	\$7,006.74	\$131.03	\$170.34
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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>ABOX</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)	Price per paycheck (School Year Employee)
Parent/Child(ren)	Platinum	\$5,600	\$4,400	\$1,200	\$2,011.55	\$24,138.60	\$17,542.76	\$6,595.84	\$549.65	\$7,795.84	\$253.69	\$329.79
Parent/Child(ren)	Gold	\$6,200	\$4,400	\$1,800	\$1,971.27	\$23,655.24	\$17,542.76	\$6,112.48	\$509.37	\$7,912.48	\$235.10	\$305.62
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	\$600	\$1,699.88	\$20,398.56	\$17,542.76	\$2,855.80	\$237.98	\$3,455.80	\$109.84	\$142.79
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$3,600	\$1,709.17	\$20,510.04	\$17,638.63	\$2,871.41	\$239.28	\$6,471.41	\$110.44	\$143.57
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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>ABOX</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)	Price per paycheck (School Year Employee)
Family	Platinum	\$5,600	\$4,400	\$1,200	\$3,403.19	\$40,838.28	\$31,431.11	\$9,407.17	\$783.93	\$10,607.17	\$361.81	\$470.36
Family	Gold	\$6,200	\$4,400	\$1,800	\$3,334.30	\$40,011.60	\$31,431.11	\$8,580.49	\$715.04	\$10,380.49	\$330.02	\$429.02
Family	Gold CDHP	\$5,000	\$4,400	\$600	\$3,045.65	\$36,547.80	\$31,431.11	\$5,116.69	\$426.39	\$5,716.69	\$196.80	\$255.83
Family	Silver CDHP	\$8,000	\$4,400	\$3,600	\$2,885.25	\$34,623.00	\$29,775.78	\$4,847.22	\$403.94	\$8,447.22	\$186.43	\$242.36
*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.												

Updated 3.14.2024 - No change to HSA/HRA Funding for