

EMPLOYEE SHARE OF HEALTH INSURANCE COSTS FOR 6-HOUR EMPLOYEES (CDEA-SC)

FTE	0.8571	HRS	6.00	CTACD	Plan Year	10/1/2021-9/30/2022
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80C		<u>Medical+ Dental+ Vision</u>		<u>Medical+ Dental</u>		<u>Medical+ Vision</u>		<u>Medical Only</u>		<u>LESS THAN CAP Dental+Vision</u>	
ANNUAL	EE ONLY	5,652.02	5,436.02	4,902.86	4,686.86	965.16					
ANNUAL	EE+SPOUSE	10,541.40	10,325.40	9,216.00	9,000.00	1,541.40					
ANNUAL	EE+CHILDREN	10,109.74	9,893.74	8,669.14	8,453.14	1,656.60					
ANNUAL	EE + FAMILY	14,786.33	14,570.33	12,596.57	12,380.57	2,405.76					
	Paychecks	12.00	11.00	12.00	11.00	12.00	11.00	12.00	11.00	12.00	11.00
		Monthly Amt		Monthly Amt		Monthly Amt		Monthly Amt		Monthly Amt	
HOURS	FTE	TIER	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	471.00	513.82	453.00	494.18	408.57	445.71	390.57	426.08	0.00
6.00	0.8571	EE+SPOUSE	878.45	958.31	860.45	938.67	768.00	837.82	750.00	818.18	0.00
6.00	0.8571	EE+CHILDREN	842.48	919.07	824.48	899.43	722.43	788.10	704.43	768.47	0.00
6.00	0.8571	EE+FAM	1232.19	1344.21	1214.19	1324.58	1049.71	1145.14	1031.71	1125.51	0.00

80G		<u>Medical+ Dental+ Vision</u>		<u>Medical+ Dental</u>		<u>Medical+ Vision</u>		<u>Medical Only</u>		<u>LESS THAN CAP Dental+Vision</u>	
ANNUAL	EE ONLY	5,232.02	5,016.02	4,482.86	4,266.86	965.16					
ANNUAL	EE+SPOUSE	9,701.40	9,485.40	8,376.00	8,160.00	1,541.40					
ANNUAL	EE+CHILDREN	9,329.74	9,113.74	7,889.14	7,673.14	1,656.60					
ANNUAL	EE + FAMILY	13,586.33	13,370.33	11,396.57	11,180.57	2,405.76					
	Paychecks	12.00	11.00	12.00	11.00	12.00	11.00	12.00	11.00	12.00	11.00
		Monthly Amt		Monthly Amt		Monthly Amt		Monthly Amt		Monthly Amt	
HOURS	FTE	Tier	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	436.00	475.64	418.00	456.00	373.57	407.53	355.57	387.90	0.00
6.00	0.8571	EE+SPOUSE	808.45	881.95	790.45	862.31	698.00	761.45	680.00	741.82	0.00
6.00	0.8571	EE+CHILDREN	777.48	848.16	759.48	828.52	657.43	717.19	639.43	697.56	0.00
6.00	0.8571	EE+FAMILY	1132.19	1235.12	1114.19	1215.48	949.71	1036.05	931.71	1016.42	0.00

**Fixed Dollar Amount (CAP) contributed by employer for full time employees:
Employee Only=\$4,500, Employee+Children=\$8,100, Employee+Spouse=\$9450, Employee+FAM=\$13,500**

NOTE: FULL TIME Benefit FTE is based on 7 hrs per day

80K		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>LESS THAN CAP Dental+Vision</u>
ANNUAL	EE ONLY	4,788.02	4,572.02	4,038.86	3,822.86	965.16
ANNUAL	EE+SPOUSE	8,801.40	8,585.40	7,476.00	7,260.00	1,541.40
ANNUAL	EE+CHILDREN	8,549.74	8,333.74	7,109.14	6,893.14	1,656.60
ANNUAL	EE + FAMILY	12,350.33	12,134.33	10,160.57	9,944.57	2,405.76
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
HOURS	FTE	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	399.00	435.27	381.00	415.64
6.00	0.8571	EE+SPOUSE	733.45	800.13	715.45	780.49
6.00	0.8571	EE+CHILDREN	712.48	777.25	694.48	757.61
6.00	0.8571	EE+FAMILY	1029.19	1122.76	1011.19	1103.12
			336.57	367.17	318.57	347.53
			623.00	679.64	605.00	660.00
			592.43	646.29	574.43	626.65
			846.71	923.69	828.71	904.05

80M		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>LESS THAN CAP Dental+Vision</u>
ANNUAL	EE ONLY	4,056.02	3,840.02	3,306.86	3,090.86	965.16
ANNUAL	EE+SPOUSE	7,349.40	7,133.40	6,024.00	5,808.00	1,541.40
ANNUAL	EE+CHILDREN	7,241.74	7,025.74	5,801.14	5,585.14	1,656.60
ANNUAL	EE + FAMILY	10,310.33	10,094.33	8,120.57	7,904.57	2,405.76
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
HOURS	FTE	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	338.00	368.73	320.00	349.09
6.00	0.8571	EE+SPOUSE	612.45	668.13	594.45	648.49
6.00	0.8571	EE+CHILDREN	603.48	658.34	585.48	638.70
6.00	0.8571	EE+FAMILY	859.19	937.30	841.19	917.67
			275.57	300.62	257.57	280.99
			502.00	547.64	484.00	528.00
			483.43	527.38	465.43	507.74
			676.71	738.23	658.71	718.60

Fixed Dollar Amount (CAP) contributed by employer for full time employees:
Employee Only=\$4,500, Employee+Children=\$8,100, Employee+Spouse=\$9450, Employee+FAM=\$13,500

NOTE: FULL TIME Benefit FTE is based on 7 hrs per day

HSA-A		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>LESS THAN CAP Dental+Vision</u>
ANNUAL	EE ONLY	4,440.02	4,224.02	3,690.86	3,474.86	965.16
ANNUAL	EE+SPOUSE	8,105.40	7,889.40	6,780.00	6,564.00	1,541.40
ANNUAL	EE+CHILDREN	7,913.74	7,697.74	6,473.14	6,257.14	1,656.60
ANNUAL	EE + FAMILY	11,378.33	11,162.33	9,188.57	8,972.57	2,405.76
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
HOURS	FTE	Tier	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	370.00	403.64	352.00	384.00
6.00	0.8571	EE+SPOUSE	675.45	736.85	657.45	717.22
6.00	0.8571	EE+CHILDREN	659.48	719.43	641.48	699.79
6.00	0.8571	EE+FAMILY	948.19	1034.39	930.19	1014.76
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	370.00	403.64	307.57	335.53
6.00	0.8571	EE+SPOUSE	675.45	736.85	565.00	616.36
6.00	0.8571	EE+CHILDREN	659.48	719.43	539.43	588.47
6.00	0.8571	EE+FAMILY	948.19	1034.39	765.71	835.32
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	370.00	403.64	289.57	315.90
6.00	0.8571	EE+SPOUSE	675.45	736.85	547.00	596.73
6.00	0.8571	EE+CHILDREN	659.48	719.43	521.43	568.83
6.00	0.8571	EE+FAMILY	948.19	1034.39	747.71	815.69
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST

HSA-B		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>LESS THAN CAP Dental+Vision</u>
ANNUAL	EE ONLY	3,540.02	3,324.02	2,790.86	2,574.86	965.16
ANNUAL	EE+SPOUSE	6,317.40	6,101.40	4,992.00	4,776.00	1,541.40
ANNUAL	EE+CHILDREN	6,293.74	6,077.74	4,853.14	4,637.14	1,656.60
ANNUAL	EE + FAMILY	8,846.33	8,630.33	6,656.57	6,440.57	2,405.76
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
HOURS	FTE	Tier	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	295.00	321.82	277.00	302.18
6.00	0.8571	EE+SPOUSE	526.45	574.31	508.45	554.67
6.00	0.8571	EE+CHILDREN	524.48	572.16	506.48	552.52
6.00	0.8571	EE+FAMILY	737.19	804.21	719.19	784.58
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	295.00	321.82	232.57	253.71
6.00	0.8571	EE+SPOUSE	526.45	574.31	416.00	453.82
6.00	0.8571	EE+CHILDREN	524.48	572.16	404.43	441.19
6.00	0.8571	EE+FAMILY	737.19	804.21	554.71	605.14
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	295.00	321.82	214.57	234.08
6.00	0.8571	EE+SPOUSE	526.45	574.31	398.00	434.18
6.00	0.8571	EE+CHILDREN	524.48	572.16	386.43	421.56
6.00	0.8571	EE+FAMILY	737.19	804.21	536.71	585.51
		Paychecks	12.00	11.00	12.00	11.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
			Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST

Fixed Dollar Amount (CAP) contributed by employer for full time employees:
Employee Only=\$4,500, Employee+Children=\$8,100, Employee+Spouse=\$9450, Employee+FAM=\$13,500

NOTE: FULL TIME Benefit FTE is based on 7 hrs per day

Minimum Value HSA		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>LESS THAN CAP Dental+Vision</u>
ANNUAL	EE ONLY	3,276.02	3,060.02	2,526.86	2,310.86	965.16
ANNUAL	EE+SPOUSE	5,765.40	5,549.40	4,440.00	4,224.00	1,541.40
ANNUAL	EE+CHILDREN	5,801.74	5,585.74	4,361.14	4,145.14	1,656.60
ANNUAL	EE + FAMILY	8,090.33	7,874.33	5,900.57	5,684.57	2,405.76
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
HOURS	FTE	Tier	Emp'e COST	Emp'e COST	Emp'e COST	Emp'e COST
6.00	0.8571	EE ONLY	273.00	297.82	278.18	255.00
6.00	0.8571	EE+SPOUSE	480.45	524.13	504.49	462.45
6.00	0.8571	EE+CHILDREN	483.48	527.43	507.79	465.48
6.00	0.8571	EE+FAMILY	674.19	735.48	715.85	656.19
			210.57	229.71	210.08	192.57
			370.00	403.64	384.00	352.00
			363.43	396.47	376.83	345.43
			491.71	536.42	516.78	473.71

Fixed Dollar Amount (CAP) contributed by employer for full time employees:
Employee Only=\$4,500, Employee+Children=\$8,100, Employee+Spouse=\$9450, Employee+FAM=\$13,500

NOTE: FULL TIME Benefit FTE is based on 7 hrs per day