

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

FTE	1.0000	HRS	8.00	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	5,009.16	4,793.16	4,260.00	4,044.00	965.16			
ANNUAL	EE ONLY	5,009.16	4,793.16	4,260.00	4,044.00	965.16							
ANNUAL	EE+SPOUSE	9,191.40	8,975.40	7,866.00	7,650.00	1,541.40							
ANNUAL	EE+CHILDREN	8,952.60	8,736.60	7,512.00	7,296.00	1,656.60							
ANNUAL	EE + FAMILY	12,857.76	12,641.76	10,668.00	10,452.00	2,405.76							
	Paychecks	12.00	11.00	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		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	Emp'e COST	Emp'e COST
8.00	1.0000	EE ONLY	417.43	455.38	399.43	435.74	387.27	337.00	367.64	337.00	367.64	0.00	0.00
8.00	1.0000	EE+SPOUSE	765.95	835.58	747.95	815.95	715.09	637.50	695.45	637.50	695.45	0.00	0.00
8.00	1.0000	EE+CHILDREN	746.05	813.87	728.05	794.24	682.91	608.00	663.27	608.00	663.27	0.00	0.00
8.00	1.0000	EE+FAM	1071.48	1168.89	1053.48	1149.25	969.82	871.00	950.18	871.00	950.18	0.00	0.00

		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	4,589.16	4,373.16	3,840.00	3,624.00	965.16			
ANNUAL	EE ONLY	4,589.16	4,373.16	3,840.00	3,624.00	965.16							
ANNUAL	EE+SPOUSE	8,351.40	8,135.40	7,026.00	6,810.00	1,541.40							
ANNUAL	EE+CHILDREN	8,172.60	7,956.60	6,732.00	6,516.00	1,656.60							
ANNUAL	EE + FAMILY	11,657.76	11,441.76	9,468.00	9,252.00	2,405.76							
	Paychecks	12.00	11.00	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		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	Emp'e COST	Emp'e COST
8.00	1.0000	EE ONLY	382.43	417.20	364.43	397.56	349.09	302.00	329.45	302.00	329.45	0.00	0.00
8.00	1.0000	EE+SPOUSE	695.95	759.22	677.95	739.58	638.73	567.50	619.09	567.50	619.09	0.00	0.00
8.00	1.0000	EE+CHILDREN	681.05	742.96	663.05	723.33	612.00	543.00	592.36	543.00	592.36	0.00	0.00
8.00	1.0000	EE+FAMILY	971.48	1059.80	953.48	1040.16	860.73	771.00	841.09	771.00	841.09	0.00	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	4,145.16	3,929.16	3,396.00	3,180.00	965.16
ANNUAL	EE+SPOUSE	7,451.40	7,235.40	6,126.00	5,910.00	1,541.40
ANNUAL	EE+CHILDREN	7,392.60	7,176.60	5,952.00	5,736.00	1,656.60
ANNUAL	EE + FAMILY	10,421.76	10,205.76	8,232.00	8,016.00	2,405.76
	Paychecks	12.00	11.00	12.00	12.00	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
8.00	1.0000	EE ONLY	345.43	327.43	283.00	265.00
8.00	1.0000	EE+SPOUSE	620.95	602.95	510.50	492.50
8.00	1.0000	EE+CHILDREN	616.05	598.05	496.00	478.00
8.00	1.0000	EE+FAMILY	868.48	850.48	686.00	668.00
			376.83	308.73	289.09	0.00
			657.76	556.91	537.27	0.00
			652.42	541.09	521.45	0.00
			927.80	748.36	728.73	0.00

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	3,413.16	3,197.16	2,664.00	2,448.00	965.16
ANNUAL	EE+SPOUSE	5,999.40	5,783.40	4,674.00	4,458.00	1,541.40
ANNUAL	EE+CHILDREN	6,084.60	5,868.60	4,644.00	4,428.00	1,656.60
ANNUAL	EE + FAMILY	8,381.76	8,165.76	6,192.00	5,976.00	2,405.76
	Paychecks	12.00	11.00	12.00	12.00	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
8.00	1.0000	EE ONLY	284.43	266.43	222.00	204.00
8.00	1.0000	EE+SPOUSE	499.95	481.95	389.50	371.50
8.00	1.0000	EE+CHILDREN	507.05	489.05	387.00	369.00
8.00	1.0000	EE+FAMILY	698.48	680.48	516.00	498.00
			310.29	290.65	242.18	222.55
			545.40	525.76	424.91	405.27
			553.15	533.51	422.18	402.55
			761.98	742.34	562.91	543.27

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	3,797.16	3,581.16	3,048.00	2,832.00	965.16
ANNUAL	EE+SPOUSE	6,755.40	6,539.40	5,430.00	5,214.00	1,541.40
ANNUAL	EE+CHILDREN	6,756.60	6,540.60	5,316.00	5,100.00	1,656.60
ANNUAL	EE + FAMILY	9,449.76	9,233.76	7,260.00	7,044.00	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
8.00	1.0000	EE ONLY	316.43	345.20	298.43	325.56
8.00	1.0000	EE+SPOUSE	562.95	614.13	544.95	594.49
8.00	1.0000	EE+CHILDREN	563.05	614.24	545.05	594.60
8.00	1.0000	EE+FAMILY	787.48	859.07	769.48	839.43
			298.43	325.56	254.00	277.09
			544.95	594.49	452.50	493.64
			545.05	594.60	443.00	483.27
			769.48	839.43	605.00	660.00
			254.00	277.09	236.00	257.45
			452.50	493.64	434.50	474.00
			443.00	483.27	425.00	463.64
			605.00	660.00	587.00	640.36
			236.00	257.45	0.00	0.00
			434.50	474.00	0.00	0.00
			425.00	463.64	0.00	0.00
			587.00	640.36	0.00	0.00

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	2,897.16	2,681.16	2,148.00	1,932.00	965.16
ANNUAL	EE+SPOUSE	4,967.40	4,751.40	3,642.00	3,426.00	1,541.40
ANNUAL	EE+CHILDREN	5,136.60	4,920.60	3,696.00	3,480.00	1,656.60
ANNUAL	EE + FAMILY	6,917.76	6,701.76	4,728.00	4,512.00	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
8.00	1.0000	EE ONLY	241.43	263.38	223.43	243.74
8.00	1.0000	EE+SPOUSE	413.95	451.58	395.95	431.95
8.00	1.0000	EE+CHILDREN	428.05	466.96	410.05	447.33
8.00	1.0000	EE+FAMILY	576.48	628.89	558.48	609.25
			241.43	263.38	179.00	195.27
			413.95	451.58	303.50	331.09
			428.05	466.96	308.00	336.00
			576.48	628.89	394.00	429.82
			223.43	243.74	161.00	175.64
			395.95	431.95	285.50	311.45
			410.05	447.33	290.00	316.36
			558.48	609.25	376.00	410.18
			179.00	195.27	161.00	175.64
			303.50	331.09	285.50	311.45
			308.00	336.00	290.00	316.36
			394.00	429.82	376.00	410.18
			161.00	175.64	0.00	0.00
			285.50	311.45	0.00	0.00
			290.00	316.36	0.00	0.00
			376.00	410.18	0.00	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

Minimum Value HSA		Medical+ Dental+ Vision		Medical+ Dental		Medical+ Vision		Medical Only		LESS THAN CAP Dental+Vision	
ANNUAL	EE ONLY	2,633.16		2,417.16		1,884.00		1,668.00		965.16	
ANNUAL	EE+SPOUSE	4,415.40		4,199.40		3,090.00		2,874.00		1,541.40	
ANNUAL	EE+CHILDREN	4,644.60		4,428.60		3,204.00		2,988.00		1,656.60	
ANNUAL	EE + FAMILY	6,161.76		5,945.76		3,972.00		3,756.00		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
8.00	1.0000	EE ONLY	219.43	239.38	201.43	219.74	157.00	171.27	139.00	151.64	0.00
8.00	1.0000	EE+SPOUSE	367.95	401.40	349.95	381.76	257.50	280.91	239.50	261.27	0.00
8.00	1.0000	EE+CHILDREN	387.05	422.24	369.05	402.60	267.00	291.27	249.00	271.64	0.00
8.00	1.0000	EE+FAMILY	513.48	560.16	495.48	540.52	331.00	361.09	313.00	341.45	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