

EMPLOYEE SHARE OF HEALTH INSURANCE COSTS FOR 8-HOUR EMPLOYEES (CSEA&MGMT)

FTE	0.7500	HRS	6.00	CSEA	MGMT	Plan Year	10/1/2021-9/30/2022
80C							
ANNUAL	EE ONLY		<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+SPOUSE		6,134.16	5,918.16	5,385.00	5,169.00	965.16
ANNUAL	EE+CHILDREN		11,553.90	11,337.90	10,228.50	10,012.50	1,541.40
ANNUAL	EE + FAMILY		10,977.60	10,761.60	9,537.00	9,321.00	1,656.60
ANNUAL	Paychecks		16,232.76	16,016.76	14,043.00	13,827.00	2,405.76
			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	Emp'e COST
6.00	0.7500	EE ONLY	511.18	538.01	448.75	430.75	469.91
6.00	0.7500	EE+SPOUSE	962.83	1030.72	852.38	834.38	910.23
6.00	0.7500	EE+CHILDREN	914.80	978.33	794.75	776.75	847.36
6.00	0.7500	EE+FAM	1352.73	1456.07	1170.25	1152.25	1257.00
80G							
ANNUAL	EE ONLY		<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+SPOUSE		5,714.16	5,498.16	4,965.00	4,749.00	965.16
ANNUAL	EE+CHILDREN		10,713.90	10,497.90	9,388.50	9,172.50	1,541.40
ANNUAL	EE + FAMILY		10,197.60	9,981.60	8,757.00	8,541.00	1,656.60
ANNUAL	Paychecks		15,032.76	14,816.76	12,843.00	12,627.00	2,405.76
			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	Emp'e COST
6.00	0.7500	EE ONLY	476.18	499.83	413.75	395.75	431.73
6.00	0.7500	EE+SPOUSE	892.83	954.35	782.38	764.38	833.86
6.00	0.7500	EE+CHILDREN	849.80	907.42	729.75	711.75	776.45
6.00	0.7500	EE+FAMILY	1252.73	1346.98	1070.25	1052.25	1147.91

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

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	5,270.16	5,054.16	4,521.00	4,305.00	965.16
ANNUAL	EE+SPOUSE	9,813.90	9,597.90	8,488.50	8,272.50	1,541.40
ANNUAL	EE+CHILDREN	9,417.60	9,201.60	7,977.00	7,761.00	1,656.60
ANNUAL	EE + FAMILY	13,796.76	13,580.76	11,607.00	11,391.00	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	Emp'e COST
6.00	0.7500 EE ONLY	439.18	421.18	376.75	358.75	391.36
6.00	0.7500 EE+SPOUSE	817.83	799.83	707.38	689.38	752.05
6.00	0.7500 EE+CHILDREN	784.80	766.80	664.75	646.75	705.55
6.00	0.7500 EE+FAMILY	1149.73	1131.73	967.25	949.25	1035.55

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	4,538.16	4,322.16	3,789.00	3,573.00	965.16
ANNUAL	EE+SPOUSE	8,361.90	8,145.90	7,036.50	6,820.50	1,541.40
ANNUAL	EE+CHILDREN	8,109.60	7,893.60	6,669.00	6,453.00	1,656.60
ANNUAL	EE + FAMILY	11,756.76	11,540.76	9,567.00	9,351.00	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	Emp'e COST
6.00	0.7500 EE ONLY	378.18	360.18	315.75	297.75	324.82
6.00	0.7500 EE+SPOUSE	696.83	678.83	586.38	568.38	620.05
6.00	0.7500 EE+CHILDREN	675.80	657.80	555.75	537.75	586.64
6.00	0.7500 EE+FAMILY	979.73	961.73	797.25	779.25	850.09

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

Minimum Value HSA		Medical+ Dental+ Vision	Medical+ Dental	Medical+ Vision	Medical Only	LESS THAN CAP Dental+Vision
ANNUAL	EE ONLY	3,758.16	3,542.16	3,009.00	2,793.00	965.16
ANNUAL	EE+SPOUSE	6,777.90	6,561.90	5,452.50	5,236.50	1,541.40
ANNUAL	EE+CHILDREN	6,669.60	6,453.60	5,229.00	5,013.00	1,656.60
ANNUAL	EE + FAMILY	9,536.76	9,320.76	7,347.00	7,131.00	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
6.00	0.7500	EE ONLY	313.18	341.65	295.18	322.01
6.00	0.7500	EE+SPOUSE	564.83	616.17	546.83	596.54
6.00	0.7500	EE+CHILDREN	555.80	606.33	537.80	586.69
6.00	0.7500	EE+FAMILY	794.73	866.98	776.73	847.34
			250.75	273.55	232.75	253.91
			454.38	495.68	436.38	476.05
			435.75	475.36	417.75	455.73
			612.25	667.91	594.25	648.27

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