

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

FTE	1.0000	HRS	8.00	CSEA	MGMT	Plan Year	10/1/2021-9/30/2022
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80C		Medical+ Dental+ Vision	Medical+ Dental	Medical+ Vision	Medical Only	Dental+Vision
ANNUAL	EE ONLY	5,009.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	9,191.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	8,952.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	12,857.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>TIER</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	417.43	455.38	N/A	N/A
8.00	1.0000	EE+SPOUSE	765.95	835.58	N/A	N/A
8.00	1.0000	EE+CHILDREN	746.05	813.87	N/A	N/A
8.00	1.0000	EE+FAM	1071.48	1168.89	N/A	N/A

80G		Medical+ Dental+ Vision	Medical+ Dental	Medical+ Vision	Medical Only	Dental+Vision
ANNUAL	EE ONLY	4,589.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	8,351.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	8,172.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	11,657.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Tier</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	382.43	417.20	N/A	N/A
8.00	1.0000	EE+SPOUSE	695.95	759.22	N/A	N/A
8.00	1.0000	EE+CHILDREN	681.05	742.96	N/A	N/A
8.00	1.0000	EE+FAMILY	971.48	1059.80	N/A	N/A

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

<b>80K</b>		<b>Medical+ Dental+ Vision</b>	<b>Medical+ Dental</b>	<b>Medical+ Vision</b>	<b>Medical Only</b>	<b>Dental+Vision</b>
ANNUAL	EE ONLY	4,145.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	7,451.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	7,392.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	10,421.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	345.43	376.83	N/A	N/A
8.00	1.0000	EE+SPOUSE	620.95	677.40	N/A	N/A
8.00	1.0000	EE+CHILDREN	616.05	672.05	N/A	N/A
8.00	1.0000	EE+FAMILY	868.48	947.43	N/A	N/A

<b>80M</b>		<b>Medical+ Dental+ Vision</b>	<b>Medical+ Dental</b>	<b>Medical+ Vision</b>	<b>Medical Only</b>	<b>Dental+Vision</b>
ANNUAL	EE ONLY	3,413.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	5,999.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	6,084.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	8,381.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	284.43	310.29	N/A	N/A
8.00	1.0000	EE+SPOUSE	499.95	545.40	N/A	N/A
8.00	1.0000	EE+CHILDREN	507.05	553.15	N/A	N/A
8.00	1.0000	EE+FAMILY	698.48	761.98	N/A	N/A

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

<b>HSA-A</b>		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>Dental+Vision</u>
ANNUAL	EE ONLY	3,797.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	6,755.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	6,756.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	9,449.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Tier</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	345.20	N/A	N/A	N/A
8.00	1.0000	EE+SPOUSE	614.13	N/A	N/A	N/A
8.00	1.0000	EE+CHILDREN	614.24	N/A	N/A	N/A
8.00	1.0000	EE+FAMILY	859.07	N/A	N/A	N/A

<b>HSA-B</b>		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>Dental+Vision</u>
ANNUAL	EE ONLY	2,897.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	4,967.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	5,136.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	6,917.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	11.00	12.00	11.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Tier</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	263.38	N/A	N/A	N/A
8.00	1.0000	EE+SPOUSE	451.58	N/A	N/A	N/A
8.00	1.0000	EE+CHILDREN	466.96	N/A	N/A	N/A
8.00	1.0000	EE+FAMILY	628.89	N/A	N/A	N/A

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

<b>Minimum Value HSA</b>		<b>Medical+ Dental+ Vision</b>	<b>Medical+ Dental</b>	<b>Medical+ Vision</b>	<b>Medical Only</b>	<b>Dental+Vision</b>
ANNUAL	EE ONLY	2,633.16	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	4,415.40	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	4,644.60	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	6,161.76	N/A	N/A	N/A	N/A
	Paychecks	12.00	12.00	12.00	12.00	12.00
		Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt	Monthly Amt
<b>HOURS</b>	<b>FTE</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
8.00	1.0000	EE ONLY	219.43	239.38	N/A	N/A
8.00	1.0000	EE+SPOUSE	367.95	401.40	N/A	N/A
8.00	1.0000	EE+CHILDREN	387.05	422.24	N/A	N/A
8.00	1.0000	EE+FAMILY	513.48	560.16	N/A	N/A

**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**