

# EMPLOYEE SHARE OF HEALTH INSURANCE COSTS FOR 7-HOUR EMPLOYEES (SCCEA-CTA)

FTE	1.0000	HRS	7.00	CTA	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>
7.00	1.0000	EE ONLY	417.43	455.38	N/A	N/A
7.00	1.0000	EE+SPOUSE	765.95	835.58	N/A	N/A
7.00	1.0000	EE+CHILDREN	746.05	813.87	N/A	N/A
7.00	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>
7.00	1.0000	EE ONLY	382.43	417.20	N/A	N/A
7.00	1.0000	EE+SPOUSE	695.95	759.22	N/A	N/A
7.00	1.0000	EE+CHILDREN	681.05	742.96	N/A	N/A
7.00	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>		<u>Medical+ Dental+ Vision</u>	<u>Medical+ Dental</u>	<u>Medical+ Vision</u>	<u>Medical Only</u>	<u>Dental+Vision</u>
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>Tier</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>
7.00	1.0000	EE ONLY	345.43	376.83	N/A	N/A
7.00	1.0000	EE+SPOUSE	620.95	677.40	N/A	N/A
7.00	1.0000	EE+CHILDREN	616.05	672.05	N/A	N/A
7.00	1.0000	EE+FAMILY	868.48	947.43	N/A	N/A

<b>80M</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	3,413.16	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>Tier</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>	<b>Emp'e COSTI</b>
7.00	1.0000	EE ONLY	284.43	310.29	N/A	N/A
7.00	1.0000	EE+SPOUSE	499.95	545.40	N/A	N/A
7.00	1.0000	EE+CHILDREN	507.05	553.15	N/A	N/A
7.00	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>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
7.00	1.0000	EE ONLY	316.43	N/A	N/A	N/A
7.00	1.0000	EE+SPOUSE	562.95	N/A	N/A	N/A
7.00	1.0000	EE+CHILDREN	563.05	N/A	N/A	N/A
7.00	1.0000	EE+FAMILY	787.48	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>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>	<b>Emp'e COST</b>
7.00	1.0000	EE ONLY	241.43	N/A	N/A	N/A
7.00	1.0000	EE+SPOUSE	413.95	N/A	N/A	N/A
7.00	1.0000	EE+CHILDREN	428.05	N/A	N/A	N/A
7.00	1.0000	EE+FAMILY	576.48	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	N/A	N/A	N/A	N/A	N/A
ANNUAL	EE+SPOUSE	4,415.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ANNUAL	EE+CHILDREN	4,644.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ANNUAL	EE + FAMILY	6,161.76	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	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	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>	<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>
7.00	1.0000	EE ONLY	219.43	239.38	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7.00	1.0000	EE+SPOUSE	367.95	401.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7.00	1.0000	EE+CHILDREN	387.05	422.24	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7.00	1.0000	EE+FAMILY	513.48	560.16	N/A	N/A	N/A	N/A	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**