

Non-Licensed Employee

Non-Licensed Employee* Full Time - Single Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA Funding by Employer	2021 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of Pocket Share
Single	Platinum	\$2,800	\$2,200	NA	\$600	\$821.38	\$9,856.56	\$6,975.36	\$2,881.20	\$144.06	\$3,481.20
Single	Gold	\$3,100	\$2,200	NA	\$900	\$790.20	\$9,482.40	\$6,975.36	\$2,507.04	\$125.35	\$3,407.04
Single	Gold CDHP	\$2,500	\$2,200	NA	\$300	\$726.60	\$8,719.20	\$6,975.36	\$1,743.84	\$87.19	\$2,043.84
Single	Silver CDHP	\$4,000	\$2,200	\$2,200	\$1,800	\$636.61	\$7,639.32	\$6,111.46	\$1,527.86	\$76.39	\$3,327.86
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											

Non-Licensed Employee* Full Time - Two-Person Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA Funding by Employer	2021 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of Pocket Share
Two Person	Platinum	\$5,600	\$4,400	NA	\$1,200	\$1,642.76	\$19,713.12	\$13,100.06	\$6,613.06	\$330.65	\$7,813.06
Two Person	Gold	\$6,200	\$4,400	NA	\$1,800	\$1,580.39	\$18,964.68	\$13,100.06	\$5,864.62	\$293.23	\$7,664.62
Two Person	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$1,364.59	\$16,375.08	\$13,100.06	\$3,275.02	\$163.75	\$3,875.02
Two Person	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$1,273.24	\$15,278.88	\$12,223.10	\$3,055.78	\$152.79	\$6,655.78
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											

Non-Licensed Employee* Full Time - Parent/Child(ren) Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA Funding by Employer	2021 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of Pocket Share
Parent/Child(ren)	Platinum	\$5,600	\$4,400	NA	\$1,200	\$1,373.47	\$16,481.64	\$10,784.16	\$5,697.48	\$284.87	\$6,897.48
Parent/Child(ren)	Gold	\$6,200	\$4,400	NA	\$1,800	\$1,322.44	\$15,869.28	\$10,784.16	\$5,085.12	\$254.26	\$6,885.12
Parent/Child(ren)	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$1,123.35	\$13,480.20	\$10,784.16	\$2,696.04	\$134.80	\$3,296.04
Parent/Child(ren)	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$1,073.16	\$12,877.92	\$10,302.34	\$2,575.58	\$128.78	\$6,175.58
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											

Non-Licensed Employee* Full Time - Family Policy - Premium Split Determined Locally (See cell A2 to change to your local amount)	Plan	Employee Out-of-Pocket Maximum by Plan	2021 HRA Funding by Employer	2021 HSA** Funding by Employer	Annual Out-of-Pocket Exposure for Employee After HRA/HSA**	Total Monthly Premium	Total Annual Premium	Annual Employer Premium Share	Annual Employee Premium Share	Employee Cost Per 20 Paychecks	Total Employee Annual Exposure Premium & Out-of Pocket Share
Family	Platinum	\$5,600	\$4,400	NA	\$1,200	\$2,323.67	\$27,884.04	\$19,321.82	\$8,562.22	\$428.11	\$9,762.22
Family	Gold	\$6,200	\$4,400	NA	\$1,800	\$2,236.84	\$26,842.08	\$19,321.82	\$7,520.26	\$376.01	\$9,320.26
Family	Gold CDHP	\$5,000	\$4,400	NA	\$600	\$2,012.69	\$24,152.28	\$19,321.82	\$4,830.46	\$241.52	\$5,430.46
Family	Silver CDHP	\$8,000	\$4,400	\$4,400	\$3,600	\$1,811.60	\$21,739.20	\$17,391.36	\$4,347.84	\$217.39	\$7,947.84
**HSA only available on Silver Plan											
Employer premium contributions for the <u>Platinum and Gold Plans</u> are identical to the employer premium contribution to the <u>Gold CDHP</u> .											