Plan A - Health Partners \$6750/\$13500

Preventive Care covered at 100%

	Single	Family	a 3
PREMIUM COST			
District Premium Share/Yr - 85%	\$ 6,390.40	\$ 14,521.03	District Costs
Employee Premium Share/Yr - 15%	\$ 1,127.72	\$ 2,562.53	Employee Costs
Total Premium Cost	\$ 7,518.12	\$ 17,083.56	
<u>DEDUCTIBLE</u>			
STEP 1			
Employee Responsibility	\$ 1,350.00	\$ 2,700.00	Employee pays 100% up to these amounts
Employee Portion of Deductible	\$ 1,350.00	\$ 2,700.00	
STEP 2			
Employee Responsibility 44% until Out o			
Pocket Max is met	\$ 1,165.00	\$ 2,330.00	
District HRA Contribution 56% until Out			
of Pocket Max is met	\$ 1,485.00	\$ 2,970.00	
Employee Out of Pocket Max	\$ 2,515.00	\$ 5,030.00	
STEP 3			
DISTRICT HRA CONTRIBUTION	\$ 2,750.00	\$ 5,500.00	Once Out of Pocket Max is met, HRA pays 100%
Full Plan Deductible	\$ 6,750.00	\$ 13,500.00	eligible expenses upto \$\$6,750/\$13,500
Max Contribution by District			
(Premium + Deductible)	\$ 10,625.40	\$ 22,991.03	
Max Contribution by Employee			the employee, including both premium costs and
(Premium + Deductible)	\$ 3,642.72	\$ 7,592.53	employee portion of the deductible
HSA	A Health Savings Accou	unt	
HRA	A Health Reimbursmer	nt Arrangement (Empl	oyer-funded)
	B Explanation of Benef	• • •	,