

## 2020-2021 Rates

### Dean Health HRA

Rates:            Total Premium - Single        \$920.79/monthly or \$11,049.48/annually  
                          Total Premium - Family        \$2,163.86/monthly or \$25,966.32/annually

| <b>Employee = 19% contribution</b> |             |          |                  | <b>Employer = 81% contribution</b> |             |            |                  |
|------------------------------------|-------------|----------|------------------|------------------------------------|-------------|------------|------------------|
|                                    | Annual Cost | Monthly  | 20 pay deduction |                                    | Annual Cost | Monthly    | 20 pay deduction |
| Single                             | \$2,099.40  | \$174.95 | \$104.97         | Single                             | \$8,950.08  | \$745.84   | \$447.50         |
| Family                             | \$4,933.56  | \$411.13 | \$246.68         | Family                             | \$21,032.76 | \$1,752.73 | \$1,051.64       |

### Dean Health HSA

Rates:            Total Premium - Single        \$630.65/monthly or \$7,567.80/annually  
                          Total Premium - Family        \$1,482.03/monthly or \$17,784.36/annually

| <b>Employee = 13.5% contribution</b> |             |          |                  | <b>Employer = 86.5% contribution</b> |             |            |                  |
|--------------------------------------|-------------|----------|------------------|--------------------------------------|-------------|------------|------------------|
|                                      | Annual Cost | Monthly  | 20 pay deduction |                                      | Annual Cost | Monthly    | 20 pay deduction |
| Single                               | \$1,021.68  | \$85.14  | \$51.08          | Single                               | \$6,546.12  | \$545.51   | \$327.31         |
| Family                               | \$2,400.84  | \$200.07 | \$120.04         | Family                               | \$15,383.52 | \$1,281.96 | \$769.18         |

**Cash in Lieu of Health Insurance = \$3,500**

Paid in 20 payments = \$175.00 per check