

HPN RATES HEALTH INSURANCE RATES SEPT 1, 2019-AUG 31, 2020

24 pays

			SINGLE PLAN	EE/SPOUSE	EE/CHILD	FAMILY PLAN
FULL MONTHLY PREMIUM			\$ 406.74	\$ 894.82	\$ 772.80	\$ 1,301.55
YEARLY PREMIUM			\$ 4,880.88	\$ 10,737.84	\$ 9,273.60	\$ 15,618.60

EMPLOYEE PAID PORTION PER PAY CHECK WITH BIOMETRICS

	SINGLE %	FAMILY %				
FTE 95%-100%	10%	15%	20.34	67.11	57.96	97.62
FTE 70%-94.9%	15%	25%	30.51	111.85	96.60	162.69
FTE 50%-69.9%	20%	35%	40.67	156.59	135.24	227.77

DISTRICT PAID PORTION PER PAY CHECK WITH BIOMETRICS

FTE 95%-100%	90%	85%	183.03	380.30	328.44	553.16
FTE 70%-94.9%	85%	75%	172.86	335.56	289.80	488.08
FTE 50%-69.9%	80%	65%	162.70	290.82	251.16	423.00

FTE 95%-100% (ANNUAL COST)

			SINGLE PLAN	EE/SPOUSE	EE/CHILD	FAMILY PLAN
EMPLOYEE PORTION			488.09	1,610.68	1,391.04	2,342.79
DISTRICT PORTION			4,392.79	9,127.16	7,882.56	13,275.81
TOTAL COST			4,880.88	10,737.84	9,273.60	15,618.60

FTE 70% - 94.9% (ANNUAL COST)

			SINGLE PLAN	EE/SPOUSE	EE/CHILD	FAMILY PLAN
EMPLOYEE PORTION			732.13	2,684.46	2,318.40	3,904.65
DISTRICT PORTION			4,148.75	8,053.38	6,955.20	11,713.95
TOTAL COST			4,880.88	10,737.84	9,273.60	15,618.60

FTE 50% - 69.9% (ANNUAL COST)

			SINGLE PLAN	EE/SPOUSE	EE/CHILD	FAMILY PLAN
EMPLOYEE PORTION			976.18	3,758.24	3,245.76	5,466.51
DISTRICT PORTION			3,904.70	6,979.60	6,027.84	10,152.09
TOTAL COST			4,880.88	10,737.84	9,273.60	15,618.60