2020 Health Insurance Pro-ration - Based on 24 Pay Periods

Cash In Lieu of Health Insurance				Health Partners \$2,000/ \$4,000 Deductible Plan		Health Partners \$3,500/\$7,000 Deductible Plan	
12-Month Staff - 24 Pay Periods				HSA Benefit \$1,527.36/\$3,022.08		HSA Benefit \$2,175.40/\$4,491.30	
8 Hrs Per Day Before After							(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
o his Per Day							
		7/1/2010	7/1/2010	12-Month Staff, Custodians - 24 Pay Periods	Prorated 12 Month Staff - 24 Pay Periods	12-Month Staff, Custodians - 24 Pay Periods	Prorated 12 Month Staff - 24 Pay Periods
Monthly	\$	663.98 \$ 331.99 \$	174.80	24 Pay Periods	Marstle Vers	24 Pay Periods	Manth
Per Pay Period	\$		87.40		Month Year		Month Year
7.25 - 8 Hr/Day		unts Per Pay Per 331.99 \$	87.40	Deduct Benefit Month Year	Family \$1,923.08 \$23,076.96	Deduct Benefit Month Year	Family \$1,713.07 \$20,556.84
7.25 - 6 Hr/Day	Φ	331.99 Q	87.40	Family \$63.46 \$898.08 \$1,923.08 \$23,076.96	Family \$1,923.08 \$23,076.96	Family \$0.00 \$856.54 \$1,713.07 \$20,556.84	Family \$1,713.07 \$20,556.64
6.25 - 7 Hr/Day	¢	288.83 \$	76.04	Family \$03.40 \$090.00 \$1,923.00 \$23,070.90	Single \$848.17 \$10,178.04	\$0.00 \$050.54 \$1,715.07 \$20,550.84	Single \$755.55 \$9,066.60
0.25 - 7 Th/Day	Ψ	200.05 ψ	70.04	Single \$27.99 \$396.10 \$848.17 \$10,178.04	011gic \$040.17 \$10,170.04	Single \$0.00 \$377.78 \$755.55 \$9,066.60	011gic \$755.55 \$\$,000.00
5.25 - 6 Hr/Day	\$	248.99 \$	65.55			\$6.00 \$611.10 \$100.00 \$60,000.00	
	•			Prorated Amounts		Prorated Amounts	
1 05 5 H /D	•	00500	54.40				
4.25 - 5 Hr/Day	\$	205.83 \$	54.19		Prorated Amounts Per Pay Period		Prorated Amounts Per Pay Period
				Health insurance benefit is based on contract FTE.	7.25 - 8 Hr/Day Deduction Benefit	Health insurance benefit is based on contract FTE.	7.25 - 8 Hr/Day Deduction Benefit
4 Hr/Day	\$	166.00 \$	43.70		Family \$ 63.46 \$ 898.08		Family \$ - \$ 856.54
				Health Savings Account	Single \$ 27.99 \$ 396.10	Health Savings Account	Single \$ - \$ 377.78
				Per Pay Period		Per Pay Period	
		f Health Insur		Family \$3,022.08 \$ 125.92	6.25 - 7 Hr/Day Deduction Benefit	Family \$4,491.30 \$ 187.14	6.25 - 7 Hr/Day Deduction Benefit
	odians	- 24 Pay Periods			Family \$ 180.21 \$ 781.33		Family \$ 111.35 \$ 745.19
8 Hrs Per Day		Before	After	Single \$1,527.36 \$ 63.64	Single \$ 79.48 \$ 344.60	Single \$2,175.40 \$ 90.64	Single \$ 49.11 \$ 328.66
		7/1/2008	7/1/2008				
Monthly	\$	663.98 \$	174.80		5.25 - 6 Hr/Day Deduction Benefit		5.25 - 6 Hr/Day Deduction Benefit
Per Pay Period	\$	331.99 \$	87.40		Family \$ 287.98 \$ 673.56		Family \$ 214.13 \$ 642.40
Prorated Amounts Per Pay Period					Single \$ 127.01 \$ 297.07		Single \$ 49.11 \$ 328.67
7.25 - 8 Hr/Day	\$	331.99 \$	87.40		4.05 5 Hz/Dave Daduation Daws (it		
	•			Or all in Lines of Health in summer of	4.25 - 5 Hr/Day Deduction Benefit		4.25 - 5 Hr/Day Deduction Benefit
6.25 - 7 Hr/Day	\$	288.83 \$	76.04	Cash In Lieu of Health Insurance	Family \$ 404.73 \$ 556.81		Family \$ 325.48 \$ 531.05
	¢	040.00	05.55	Employee must be covered by spouse's group	Single \$ 178.51 \$ 245.58		Single \$ 143.55 \$ 234.22
5.25 - 6 Hr/Day	\$	248.99 \$	65.55	health insurance plan and provide proof of	4 Hr/Day Deduction Benefit		4 Hr/Day Deduction Benefit
4.25 - 5 Hr/Day	¢	205.83 \$	54.19	insurance.	Family \$ 480.77 \$ 480.77		4 Hr/Day Deduction Benefit Family \$ 428.27 \$ 428.27
4.20 - 5 HI/Day	\$	∠UD.03 \$	54.19				
4 Hr/Dav	\$	166.00 \$	43.70		Single \$ 212.04 \$ 212.04		Single \$ 188.89 \$ 188.89
4 III/Day	φ	100.00 \$	43.70				