CERTIFIED HEALTH INSURANCE MONTHLY RATES 2022-2023

Smart Plan 1- \$1,400 HSA/VEBA with Rx Plus-OA		Smart Plan 3-\$2,800 HSA/VEBA with Rx+ OA
Single Coverage	\$ 820.31 Monthly Premium <u>658.36</u> School District Contribution \$ 161.95 Employee Pay	Single Coverage \$ 746.87 Monthly Premium 658.36 School District Contribution 8 88.51 Employee Pay
Family Coverage	\$2,356.90 Monthly Premium	Family Coverage \$2,143.91 Monthly Premium 789.59 School District Contribution \$1,354.32 Employee Pay
w/Single Life Insurance Policy \$1,567.79 Employee Pay w/Family Life Insurance Policy \$1,568.05 Employee Pay		w/Single Life Insurance Policy \$1,354.80 Employee Pay w/Family Life Insurance Policy \$1,355.06 Employee Pay
Smart Plan 5-\$3,650 HSA/VEBA with Rx+ OA		Smart Plan 7-\$7,050 HSA/VEBA w-Rx+ OA
Single Coverage	\$ 709.54 Monthly Premium 658.36 School District Contribution 51.18 Employee Pay	Single Coverage \$ 601.13 Monthly Premium 658.36 School District Contribution 0.00 Employee Pay
Family Coverage	\$2,035.66 Monthly Premium	Family Coverage \$1,721.27 Monthly Premium 789.59 School District Contribution 931.68 Employee Pay
w/Single Life Insurance Policy \$1,246.55 Employee Pay w/Family Life Insurance Policy \$1,246.81 Employee Pay		w/Single Life Insurance Policy \$932.16 Employee Pay w/Family Life Insurance Policy \$932.42 Employee Pay
BENEFIT		
Single Coverage Up to \$7,900.35 Annual Amount Paid By School District (\$7,900.35/12=\$658.36/month)		Family Coverage Up to \$9,475.00 Annual Amount Paid by School District (\$9,475.00/12=\$789.59/month