

Contributions Sheet

Plan year 7.1.2011 to 6.30.2012

Monthly Costs	HEALTH			DENTAL	VISION
	BC/BS			DELTA	VSP
COVERAGE	BASE PLAN	BUY UP PLAN	HDHP/HSA PLAN		
Employee	\$472.78	\$514.58	\$425.10	\$33.16	\$6.97
Family	\$731.04	\$795.70	\$657.30	\$55.90	\$8.00
HSA Contribution			\$47.68		
Total Family Rate	\$1,203.82	\$1,310.28	\$1,082.40	\$89.06	\$14.97
Employee Share	\$292.42	\$398.88	\$171.00	\$23.34	\$3.20
HA Share	\$911.40	\$911.40	\$911.40	\$65.72	\$11.77
COST ALLOCATION BETWEEN EMPLOYEE AND FHA					
HA COSTS PER MONTH					
Individual Coverage	\$472.78	\$472.78	\$425.10	\$33.16	\$6.97
Family Coverage (Equals Plan Year 60% Base Family Cost)	\$438.62	\$438.62	\$438.62	\$32.56	\$4.80
HSA Contribution	\$0.00	\$0.00	\$47.68	\$0.00	\$0.00
Total HA Cost for Family Coverage	\$911.40	\$911.40	\$911.40	\$65.72	\$11.77
EMPLOYEE COSTS PER MONTH					
Individual Coverage (total less HA'S share)	\$0.00	\$41.80	\$0.00	\$0.00	\$0.00
Family Coverage	\$292.42	\$357.08	\$218.68	\$23.34	\$3.20
Total Employee Cost for Family Coverage	\$292.42	\$398.88	\$218.68	\$23.34	\$3.20
INSURANCE DEDUCTIONS PER PAY PERIOD					
Employee Only	\$0.00	\$20.90	\$0.00	\$0.00	\$0.00
Family Only	\$146.21	\$178.54	\$109.34	\$11.67	\$1.60
Family Total	\$146.21	\$199.44	\$109.34	\$11.67	\$1.60
CHANGE IN INSURANCE DEDUCTIONS PER PAY PERIOD					
Increase per Pay Period/Employee Only	\$0.00	\$1.57	\$0.00	\$0.00	\$0.00
Change per Pay Period - Family Coverage Including Employee Premium	\$10.95	\$34.45	\$17.34	\$0.59	\$0.00
REMINDER: Actual cost of HDHP is \$47.68 per month less than deductions because of FHA deposit to HAS account.					