FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates for PacificSource
2023-2024 Plan Year - With Wellness

LICENSED EMPLOYEES

	FULL TIME EMPLOYEES *0.75 - 1.00 FTE* PART-TIME EMPLOYEES *0.50 - 0.75 FTE* *EMPLOYEE ONLY*			PART-TIME EMPLOYEES *0.50 - 0.75 FTE* *EMPLOYEE & SPOUSE*			PART-TIME EMPLOYEES *0.50 - 0.75 FTE* *FAMILY*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,847.44	$ 1,424.81	$ 1,394.45	$ 1,847.44	$ 1,424.81	$ 1,394.45	$ 1,847.44	$ 1,424.81	$ 1,394.45
Vision	31.18	31.18	31.18	31.18	31.18	31.18	31.18	31.18	31.18
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**
District Contribution	$ 1,828.55	$ 1,828.55	$ 1,828.55	$ 1,828.55	$ 1,828.55	$ 1,828.55	$ 1,184.78	$ 1,113.48	$ 1,113.49
Total Out of Pocket	**$ 216.94**	**$ -**	**$ -**	**$ 216.94**	**$ -**	**$ -**	**$ 860.71**	**$ 509.38**	**$ 479.01**
HSA Contribution	**$ -**	**$ 205.69**	**$ -**	**$ -**	**$ 205.69**	**$ -**	**$ -**	**$ -**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 236.05**	**$ -**	**$ -**	**$ 236.05**	**$ -**	**$ -**	**$ -**

CLASSIFIED EMPLOYEES

	FULL TIME EMPLOYEES *7.00 - 8.00 HOURS PER DAY* *35.00 - 40.00 HOURS PER WEEK*			PART-TIME EMPLOYEES *6.00 - 6.99 HOURS PER DAY* *30.00 - 34.99 HOURS PER WEEK*			PART-TIME EMPLOYEES *4.00 - 5.99 HOURS PER DAY* *20.00 - 29.99 HOURS PER WEEK*		
	$2000 Nav	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**	**$2000 Nav**	**$2500 HSA**	**$6000 Nav**
Medical & Rx	$ 1,847.44	$ 1,424.81	$ 1,394.45	$ 1,847.44	$ 1,424.81	$ 1,394.45	$ 1,847.44	$ 1,424.81	$ 1,394.45
Vision	31.18	31.18	31.18	31.18	31.18	31.18	31.18	31.18	31.18
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Total	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**	**$ 2,045.49**	**$ 1,622.86**	**$ 1,592.50**
District Contribution	$ 1,702.83	$ 1,702.83	$ 1,702.83	$ 1,531.83	$ 1,531.83	$ 1,531.83	$ 1,360.83	$ 1,360.83	$ 1,360.83
Total Out of Pocket	**$ 342.66**	**$ -**	**$ -**	**$ 513.66**	**$ 91.03**	**$ 60.67**	**$ 684.66**	**$ 262.03**	**$ 231.67**
HSA Contribution	**$ -**	**$ 79.97**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
HRA VEBA Contribution	**$ -**	**$ -**	**$ 110.33**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**