

**(FEA) Certificated Full-Time Health Benefit Rates
JAN 2023 - DEC 2023**

	MONTHLY EMPLOYEE CONTRIBUTION (Tenthly)								MONTHLY PREMIUM							
	Kaiser Traditional HMO	Kaiser HDHP HMO	Anthem Traditional PPO	Anthem HDHP PPO	Dental	Vision	Life	EAP	Kaiser Traditional HMO	Kaiser HDHP HMO	Anthem Traditional PPO	Anthem HDHP PPO	Dental	Vision	Life	EAP
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$749.73	\$624.90	\$1,214.08	\$912.11	\$121.18	\$13.74	\$8.07	\$2.20
Employee + Spouse	\$150.00 or \$280.00	\$150.00 or \$280.00	\$150.00 or \$280.00	\$150.00 or \$280.00	\$0.00	\$0.00	N/A	\$0.00	\$1,649.40	\$1,374.76	\$2,650.24	\$2,006.66	\$121.18	\$13.74	N/A	\$2.20
Employee + Child(ren)	\$25.00	\$25.00	\$25.00	\$25.00	\$0.00	\$0.00	N/A	\$0.00	\$1,499.45	\$1,249.79	\$2,166.84	\$1,641.81	\$121.18	\$13.74	N/A	\$2.20
Employee + Family	\$150.00 or \$280.00 plus \$25.00	\$150.00 or \$280.00 plus \$25.00	\$150.00 or \$280.00 plus \$25.00	\$150.00 or \$280.00 plus \$25.00	\$0.00	\$0.00	N/A	\$0.00	\$2,249.19	\$1,874.68	\$3,734.48	\$2,827.58	\$121.18	\$13.74	N/A	\$2.20

*** Annual Spousal Contribution:**

\$1,500.00 PER YEAR for Spouse/Domestic Partner that has **no access** to other group health plan (**need to submit signed spousal affidavit**). (\$1,500 / 10 months = \$150.00)

\$2,800.00 PER YEAR for Spouse/Domestic Partner that **has access** to other group health plan. (\$2,800 / 10 months = \$280.00)

*** Annual Child(ren) Contribution:**

\$250.00 PER YEAR for covering **any number** of children. (\$250 / 10 months = \$25.00)

*** Part-time employees contribute on a prorated basis.**

*** HSA Contribution for Employee Enrolled on High Deductible Health Plan (HDHP):**

Employee enrolled into an Anthem HDHP plan or Kaiser HDHP plan, a Health Savings Account (HSA) will be opened on your behalf with VitaFlex.

FEA will contribute to the HSA on your behalf each month: \$1,500/year (\$150/mo tenthly) for individual coverage or \$3,000/year (\$300/mo tenthly) for family coverage.