

**FREMONT UNION HIGH SCHOOL DISTRICT
(FEA) CERTIFICATED HEALTH BENEFITS
PART-TIME MONTHLY EMPLOYEE SHARE (JAN 2023 - DEC 2023)**

<i>EMPLOYEE FTE</i>	0.833	0.80	0.70	0.666	0.60	0.50
**Kaiser Traditional + Vision, Dental, EAP	\$257.10	\$307.91	\$461.85	\$514.19	\$615.81	\$769.76
**Kaiser HDHP + Vision, Dental, EAP	\$252.99	\$302.99	\$454.47	\$505.98	\$605.97	\$757.47
**Anthem Traditional + Vision, Dental, EAP	\$406.85	\$487.25	\$730.86	\$813.69	\$974.49	\$1,218.11
**Anthem HDHP + Vision, Dental, EAP	\$349.47	\$418.53	\$627.78	\$698.93	\$837.05	\$1,046.31
**Vision, Dental, EAP only (no medical)	\$22.53	\$26.99	\$40.47	\$45.06	\$53.97	\$67.46

Spousal Contribution: (If covering spouse/registered domestic partner)

*Add **\$150.00** to the above monthly amount, if spouse/registered domestic partner **has no access** to other employer group health plan. Add **\$280.00** if spouse/registered domestic partner **has access** to other employer group health plan.

Children Contribution:

* Add **\$25.00** child(ren) surcharge for covering any number of children.

*If you are only selecting Vision, Dental, and EAP (no medical), your spouse/registered domestic partner and children dependents can be covered at no extra charge on your Dental, Vision & EAP plan.

****The amount of the employee's health portion above (medical, dental, vision) will double deduct on the employee's Apr and May Payroll to cover the employee's June & July employee contributions.**

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 for individual coverage or \$3,000/year for family coverage).