Flat Rock-Hawcreek School Corporation
Health Insurance Employee Premium Schedule
Effective January 1, 2014

		FULL RATE				NON-TOBACCO INCENTIVE RATE			
		Employee Rate Per Pay (24)	Employee Rate Per Mo.	Employer Contribution Per Mo.	Monthly Rate Total	Employee Rate Per Pay (24)	Employee Rate Per Mo.	Employer Contribution Per Mo.	Monthly Rate Total
Consumer Driven Health Plan 1	Single	$ 50.85	$ 101.70	$ 375.44	$ 477.14	$ 12.94	$ 25.87	$ 375.44	$ 401.31
	Family	$ 219.55	$ 439.10	$ 843.00	$ 1,282.10	$ 181.64	$ 363.27	$ 843.00	$ 1,206.27
Consumer Driven Health Plan 2	Single	$ 105.64	$ 211.27	$ 396.00	$ 607.27	$ 67.72	$ 135.44	$ 396.00	$ 531.44
	Family	$ 386.99	$ 773.98	$ 843.00	$ 1,616.98	$ 349.08	$ 698.15	$ 843.00	$ 1,541.15
Traditional PPO	Single	$ 268.07	$ 536.14	$ 396.00	$ 932.14	$ 230.16	$ 460.31	$ 396.00	$ 856.31
	Family	$ 819.37	$ 1,638.74	$ 843.00	$ 2,481.74	$ 781.46	$ 1,562.91	$ 843.00	$ 2,405.91

H S A Contributions for CDHP 1 Single Rate and Single Non-Tobacco Incentive Rate: $ 20.56

BANK: FIRST FINANCIAL