Flat Rock-Hawcreek School Corporation
Health Insurance Employee Premium Schedule
Effective January 1, 2015

		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
Wellness	Single	$ 49.81	$ 99.62	$ 377.65	$ 477.27	$ 11.90	$ 23.79	$ 377.65	$ 401.44
	Family	$ 228.59	$ 457.17	$ 843.00	$ 1,300.17	$ 190.67	$ 381.34	$ 843.00	$ 1,224.34
Consumer Driven Health Plan 1	Single	$ 58.77	$ 117.54	$ 396.00	$ 513.54	$ 20.86	$ 41.71	$ 396.00	$ 437.71
	Family	$ 274.09	$ 548.17	$ 843.00	$ 1,391.17	$ 236.17	$ 472.34	$ 843.00	$ 1,315.34
Consumer Driven Health Plan 2	Single	$ 139.50	$ 279.00	$ 396.00	$ 675.00	$ 101.59	$ 203.17	$ 396.00	$ 599.17
	Family	$ 485.01	$ 970.02	$ 843.00	$ 1,813.02	$ 447.10	$ 894.19	$ 843.00	$ 1,737.19
Traditional PPO	Single	$ 325.47	$ 650.93	$ 396.00	$ 1,046.93	$ 287.55	$ 575.10	$ 396.00	$ 971.10
	Family	$ 980.51	$ 1,961.01	$ 843.00	$ 2,804.01	$ 942.59	$ 1,885.18	$ 843.00	$ 2,728.18

Monthly Employer H S A Contribution:

Wellness Single Rate	$ 18.35
Wellness Single Non Tobacco Incentive Rate	$18.35