

**MARION COMMUNITY SCHOOLS  
ANALYSIS OF HEALTH INSURANCE COSTS  
2014**

**Health Insurance - State Consumer Driven Health Plan 1**

	<u>Single</u>	<u>Family</u>
Total Annual Premium	5,725.72	15,385.24
Employer Share of Annual Premium	4,505.28	13,483.08
Employee Share of Annual Premium	1,220.44	1,902.16
Employee Share per Month	101.70	158.51
Employee Share per Pay (20 pays)	61.02	95.11
Employer's Annual HSA Contribution	1,123.20	2,249.52
COBRA Premium per Month	486.69	1,307.75
Retiree Payment per Month	477.14	1,282.10
 <b>(with Non-Tobacco Use Incentive)</b>		
Total Annual Premium	4,815.72	14,475.24
Employer Share of Annual Premium	4,505.28	13,483.08
Employee Share of Annual Premium	310.44	992.16
Employee Share per Month	25.87	82.68
Employee Share per Pay (20 pays)	15.52	49.61
Annual HSA Contribution	1,123.20	2,249.52
COBRA Premium per Month	409.34	1,230.40
Retiree Payment per Month	401.31	1,206.27

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**Health Insurance - State Consumer Driven Health Plan 2**

	<u>Single</u>	<u>Family</u>
Total Annual Premium	7,287.28	19,403.80
Employer Share of Annual Premium	4,954.56	14,384.76
Employee Share of Annual Premium	2,332.72	5,019.04
Employee Share per Month	194.39	418.25
Employee Share per Pay (20 pays)	116.64	250.95
Employer's Annual HSA Contribution	673.92	1,347.84
COBRA Premium per Month	619.42	1,649.32
Retiree Payment per Month	607.27	1,616.98
 <b>(with Non-Tobacco Use Incentive)</b>		
Total Annual Premium	6,377.28	18,493.80
Employer Share of Annual Premium	4,954.56	14,384.76
Employee Share of Annual Premium	1,422.72	4,109.04
Employee Share per Month	118.56	342.42
Employee Share per Pay (20 pays)	71.14	205.45
Annual HSA Contribution	673.92	1,347.84
COBRA Premium per Month	542.07	1,571.97
Retiree Payment per Month	531.44	1,541.15

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**Health Insurance - Traditional PPO**

	<u>Single</u>	<u>Family</u>
Total Annual Premium	11,185.72	29,780.92
Employer Share of Annual Premium	5,628.48	15,732.60
Employee Share of Annual Premium	5,557.24	14,048.32
Employee Share per Month	463.10	1,170.69
Employee Share per Pay (20 pays)	277.86	702.42
Employer's Annual HSA Contribution	0.00	0.00
COBRA Premium per Month	950.79	2,531.38
Retiree Payment per Month	932.14	2,481.74
 <b>(with Non-Tobacco Use Incentive)</b>		
Total Annual Premium	10,275.72	28,870.92
Employer Share of Annual Premium	5,628.48	15,732.60
Employee Share of Annual Premium	4,647.24	13,138.32
Employee Share per Month	387.27	1,094.86
Employee Share per Pay (20 pays)	232.36	656.92
Annual HSA Contribution	0.00	0.00
COBRA Premium per Month	873.44	2,454.03
Retiree Payment per Month	856.31	2,405.91