

**(FEA) Certificated Full-Time Health Benefit Rates  
JAN 2024 - DEC 2024**

	MONTHLY EMPLOYEE CONTRIBUTION (Tenthly)									MONTHLY PREMIUM								
	Kaiser Traditional HMO	Kaiser HDHP HMO	Anthem LEGACY PPO	Anthem NON-LEGACY PPO	Anthem HDHP PPO	Dental	Vision	Life	EAP	Kaiser Traditional HMO	Kaiser HDHP HMO	Anthem LEGACY PPO	Anthem NON-LEGACY 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	\$0.00	\$850.96	\$709.15	\$1,341.55	\$1,287.43	\$1,007.88	\$129.77	\$14.21	\$8.07	\$1.90
Employee + Spouse	\$150.00 or \$280.00	\$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	\$1,872.09	\$1,560.11	\$2,928.52	\$2,810.37	\$2,217.35	\$129.77	\$14.21	N/A	\$1.90
Employee + Child(ren)	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$0.00	\$0.00	N/A	\$0.00	\$1,701.91	\$1,418.28	\$2,394.36	\$2,297.76	\$1,814.20	\$129.77	\$14.21	N/A	\$1.90
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	\$150.00 or \$280.00 plus \$25.00	\$0.00	\$0.00	N/A	\$0.00	\$2,552.86	\$2,127.43	\$4,126.60	\$3,960.12	\$3,124.47	\$129.77	\$14.21	N/A	\$1.90

**\* 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: \$1,600/year (\$150/mo tenthly) for individual coverage or \$3,200/year (\$300/mo tenthly) for family coverage.