Logan Elm Local School District Health Insurance - Board and Employee Rates H.S.A. Plan Effective July 1, 2020

Family Coverage

Hours	Board	Employee	Health -			- \$1,721		Dental - \$102		102		Calendar Year 2020
Per Day	Percentage	Percentage		Board	E	Employee		Board		Employee		Base H.S.A Contribution
8	88.00%	12.00%	\$	1,514.48	\$	206.52	\$	102.00		\$0.00	\$	2,500
7.5	82.50%	17.50%	\$	1,419.83	\$	301.17	\$	95.63	\$	6.37	\$	2,344
7	77.00%	23.00%	\$	1,325.17	\$	395.83	\$	89.25	\$	12.75	\$	2,188
6.5	71.50%	28.50%	\$	1,230.52	\$	490.48	\$	82.88	\$	19.12	\$	2,031
6	66.00%	34.00%	\$	1,135.86	\$	585.14	\$	76.50	\$	25.50	\$	1,875
5.5	60.50%	39.50%	\$	1,041.21	\$	679.79	\$	70.13	\$	31.87	\$	1,719
5	55.00%	45.00%	\$	946.55	\$	774.45	\$	63.75	\$	38.25	\$	1,563
4.5	49.50%	50.50%	\$	851.90	\$	869.10	\$	57.38	\$	44.62	\$	1,406
4	44.00%	56.00%	\$	757.24	\$	963.76	\$	51.00	\$	51.00	\$	1,250
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Single Coverage

Hours	Board	Employee	Health	- \$752	Denta	l - \$45	Calendar Year 2020	
Per Day	Percentage	Percentage	Board	Employee	Board	Employee		Base H.S.A Contribution
8	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	1,250
7.5	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	1,172
7	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	1,094
6.5	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	1,016
6	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	938
5.5	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	859
5	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	781
4.5	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	703
4	88.00%	12.00%	661.76	90.24	45.00	0.00	\$	625
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^{*} Ability to earn an annual additional Board H.S.A. contribution by completing annual Well Vist/Physical.

\$250 for Employee on a Single plan

\$250 for Employee on a Family plan with a covered spouse; \$250 for a covered spouse on a Family plan

\$500 for Employee on a Family plan with child(ren)

^{*} In order to receive the additional Board contribution for the following year, verification must be completed by November 30th annually.