

Plan and Coverage Level	Monthly Rate with wellness participation	CCASD monthly Contribution	ER Cost Per Pay Period	EE Cost Per Pay Period W/O Wellness Participatin	EE Cost Per Pay Period w/ Level 1 wellness participation
<b>Rates for 24 Pay Periods</b>					
<b><u>Buy-up Plan</u></b>					
Employee	\$740.14	\$650.46	\$325.23	\$54.84	\$44.84
EE+1	\$1,433.92	\$650.46	\$325.23	\$401.73	\$391.73
EE+family	\$1,986.08	\$650.46	\$325.23	\$677.81	\$667.81
<b><u>Base Plan</u></b>					
Employee	\$670.46	\$650.46	\$325.23	\$20.00	\$10.00
EE+1	\$1,296.80	\$650.46	\$325.23	\$333.17	\$323.17
EE+family	\$1,795.30	\$650.46	\$325.23	\$582.42	\$572.42
<b><u>HDHP</u></b>					
Employee	\$594.98	\$594.98	\$297.49	\$10.00	\$0.00
EE+1	\$1,148.24	\$594.98	\$297.49	\$286.63	\$276.63
EE+family	\$1,588.50	\$594.98	\$297.49	\$506.76	\$496.76

HEALTH EQ  
55.48 per month