

ELECT NETWORK

HSA \$3200-0% (\$3200 DEDUCTIBLE, 0% AFTER DEDUCTIBLE)

| | Total Premium | Monthly Employer Contribution | Monthly Employee Contribution | Annual Employee Contribution (Best Case Scenario) | Annual Employer VEBA/HSA Contribution | In-Network Out-of-Pocket Maximum | Annual Risk (Worst Case Scenario) |
|-----------------|---------------|-------------------------------|-------------------------------|---|---------------------------------------|----------------------------------|-----------------------------------|
| SINGLE | \$ 780.06 | \$ 780.06 | \$ - | \$ - | \$ 2,400.00 | \$ 3,200.00 | \$ 800.00 |
| EE + SPOUSE | \$ 1,756.14 | \$ 1,141.49 | \$ 614.65 | \$ 7,375.79 | \$ 3,000.00 | \$ 6,400.00 | \$ 10,775.79 |
| EE + CHILD(REN) | \$ 1,638.72 | \$ 1,065.17 | \$ 573.55 | \$ 6,882.62 | \$ 3,000.00 | \$ 6,400.00 | \$ 10,282.62 |
| FAMILY | \$ 2,496.94 | \$ 1,747.86 | \$ 749.08 | \$ 8,988.98 | \$ 3,400.00 | \$ 6,400.00 | \$ 11,988.98 |

HRA \$1500-0% (\$1500 DEDUCTIBLE, 0% AFTER DEDUCTIBLE)

| | Total Premium | Monthly Employer Contribution | Monthly Employee Contribution | Annual Employee Contribution (Best Case Scenario) | Annual Employer VEBA/HSA Contribution | In-Network Out-of-Pocket Maximum | Annual Risk (Worst Case Scenario) |
|-----------------|---------------|-------------------------------|-------------------------------|---|---------------------------------------|----------------------------------|-----------------------------------|
| SINGLE | \$ 870.54 | \$ 870.54 | \$ - | \$ - | \$ 1,950.00 | \$ 2,250.00 | \$ 300.00 |
| EE + SPOUSE | \$ 1,959.84 | \$ 1,273.90 | \$ 685.94 | \$ 8,231.33 | \$ 2,200.00 | \$ 4,000.00 | \$ 10,031.33 |
| EE + CHILD(REN) | \$ 1,828.80 | \$ 1,188.72 | \$ 640.08 | \$ 7,680.96 | \$ 2,200.00 | \$ 4,000.00 | \$ 9,480.96 |
| FAMILY | \$ 2,786.50 | \$ 1,950.55 | \$ 835.95 | \$ 10,031.40 | \$ 2,700.00 | \$ 4,000.00 | \$ 11,331.40 |

\$200-30-20% (\$200 DEDUCTIBLE, 20% AFTER DEDUCTIBLE/\$30 COPAY)

| | Total Premium | Monthly Employer Contribution | Monthly Employee Contribution | Annual Employee Contribution (Best Case Scenario) | Annual Employer VEBA/HSA Contribution | In-Network Out-of-Pocket Maximum | Annual Risk (Worst Case Scenario) |
|-----------------|---------------|-------------------------------|-------------------------------|---|---------------------------------------|----------------------------------|-----------------------------------|
| SINGLE | \$ 957.78 | \$ 957.78 | \$ - | \$ - | \$ - | \$ 1,200.00 | \$ 1,200.00 |
| EE + SPOUSE | \$ 2,156.22 | \$ 1,401.54 | \$ 754.68 | \$ 9,056.12 | \$ - | \$ 2,400.00 | \$ 11,456.12 |
| EE + CHILD(REN) | \$ 2,012.06 | \$ 1,307.84 | \$ 704.22 | \$ 8,450.65 | \$ - | \$ 2,400.00 | \$ 10,850.65 |
| FAMILY | \$ 3,065.78 | \$ 2,146.05 | \$ 919.73 | \$ 11,036.81 | \$ - | \$ 2,400.00 | \$ 13,436.81 |