

**Vicksburg Community Schools**  
**2021-2022 Health Insurance Premiums**  
**VEA**

**PPO Select**  
**\$250/\$500 Deductible**  
**\$5 Office Visits**  
**\$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	26/22 Pay Deduction
Full Family	\$1,520.84	\$1,973.91	\$453.07	\$209.11/\$247.13
2 Person	\$1,166.20	\$1,586.21	\$420.01	\$193.85/\$229.10
Self	557.64	\$704.97	\$147.33	\$68.00/\$80.36

**PPO Versatile**  
**\$250/\$500 Deductible**  
**10% co-insurance**  
**\$20 Office Visits - \$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	26/22 Pay Deduction
Full Family	\$1,520.84	\$1,677.34	\$156.50	\$72.23/\$85.36
2 Person	\$1,166.20	\$1,347.86	\$181.66	\$83.84/\$99.09
Self	\$557.64	\$599.07	\$41.43	\$19.12/\$22.60

**PPO HSA (health savings account)**  
**\$1,400/\$2,800 Deductible**  
**\$0 Office Visits - \$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	26/22 Pay deduction
Full Family	\$1,520.84	\$1,556.61	\$35.77	\$16.51/\$19.51
2 Person	\$1,166.20	\$1,250.85	\$84.65	\$39.07/\$46.17
Self	\$557.64	\$555.95	\$0.00	\$0.00/\$0.00

**Cash-in-Lieu of Insurance**

VEA - \$300 per month

**Vicksburg Community Schools**  
**2021-2022 Health Insurance Premiums**  
**VESPA**

**PPO Select**  
**\$250/\$500 Deductible**  
**\$5 Office Visits**  
**\$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1,973.91	\$453.07	\$226.51
2 Person	\$1,166.20	\$1,586.21	\$420.01	\$210.01
Self	\$557.64	\$704.97	\$147.33	\$73.67

**PPO Versatile**  
**\$250/\$500 Deductible**  
**10% co-insurance**  
**\$20 Office Visits**  
**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1677.34	\$156.50	\$78.25
2 Person	\$1,166.20	\$1,347.86	\$181.66	\$90.83
Self	\$557.64	\$599.07	\$41.43	\$20.72

**PPO HSA (health savings account)**  
**\$1,350/\$2,700 Deductible**  
**\$0 Office Visits**  
**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1,556.61	\$35.77	\$17.89
2 Person	\$1,166.20	\$1,250.85	\$84.65	\$42.33
Self	\$557.64	\$555.95	\$0.00	\$0.00

Cash-in-lieu for VESPA is \$250.

# **ACA Plan – 2021-2022**

**\$3,000/\$6,000 Deductible**

**20% Coinsurance**

**\$10/\$40 Rx**

Classification	Employee Cost per Month.	18 Pay Deduction
Full Family	\$1228.86	\$819.24
2 Person	\$987.48	\$658.32
Self	\$438.88	\$292.59

**Vicksburg Community Schools**  
**2021-2022 Health Insurance Premiums**  
**ADMIN**

**PPO Select**  
**\$250/\$500 Deductible**  
**\$5 Office Visits**  
**\$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1,973.91	\$453.07	\$226.54
2 Person	\$1,166.20	\$1,586.21	\$420.01	\$210.01
Self	\$557.64	\$704.97	\$147.33	\$73.67

**PPO Versatile**  
**\$250/\$500 Deductible**  
**10% co-insurance**  
**\$20 Office Visits**  
**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1,677.34	\$156.50	\$78.25
2 Person	\$1,166.20	\$1,347.86	\$181.66	\$90.83
Self	\$557.64	\$599.07	\$41.43	\$20.72

**PPO HSA (health savings account)**  
**\$1,350/\$2,700 Deductible**  
**\$0 Office Visits**  
**\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month	24 Pay Deduction
Full Family	\$1,520.84	\$1,556.61	\$35.77	\$17.89
2 Person	\$1,166.20	\$1,250.85	\$84.65	\$42.33
Self	\$557.64	\$555.95	\$0.00	\$0.00

**Cash-in-Lieu of Insurance**  
ADMIN - \$325 per month