Vicksburg Community Schools 2021-2022 Health Insurance Premiums VEA

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

	Employer Subsidy	WMHIP Monthly	Employee Cost	26/22 Pay
Classification	per Month	Premium	per Month	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

	Employer Subsidy	WMHIP Monthly	Employee Cost	26/22 Pay
Classification	per Month	Premium	per Month	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

	Employer	WMHIP	Employee	24 Pay
Classification	Subsidy	Monthly	Cost per	Deduction
	per Month	Premium	Month	
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

	Employer	WMHIP	Employee	24 Pay
Classification	Subsidy	Monthly	Cost per	Deduction
	per	Premium	Month	
	Month			
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

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

	Employer Subsidy	WMHIP Monthly	Employee Cost	24 Pay
Classification	per Month	Premium	per Month	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

	Employer Subsidy	WMHIP Monthly	Employee Cost	24 Pay
Classification	per Month	Premium	per Month	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