2020-21 EMPLOYEE CONTRIBUTIONS							
PPO - 2020-21 Rates	В	CBS Monthly Premium	% Paid by Employee		nployee Monthly Contribution		oard of Education onthly Contribution
PPOSingle	\$	694.01	15.0%	\$	104.10	\$	589.91
PPO Family	\$	1,606.22	17.5%	\$	281.09	\$	1,325.13
Wellness Rate							
PPO-Single	\$	694.01	10.0%	\$	69.40	\$	624.61
PPO - Family	\$	1,606.22	12.5%	\$	200.78	\$	1,405.44

HMO - 2020-21 Rates	BCBS Monthly Premium		% Paid by Employee	Employee Monthly Contribution		Board of Education Monthly Contribution	
HMO Single	\$	561.03	5%	\$	28.05	\$	532.98
HMO Family	\$	1,265.63	10%	\$	126.56	\$	1,139.07
Wellness Rate							
HMO Single	\$	561.03	0%		-	\$	561.03
HMO Family	\$	1,265.63	5%	\$	63.28	\$	1,202.35

HSA - 2020-21 Rates	BCBS Monthly Premium	% Paid by Employee	Employee Monthly Contribution	Board of Education Monthly Contribution
HSA Single	\$ 643.29	15.0%		,
HSA Family	\$ 1,488.81	17.5%	•	
Wellness Rate				
HSA Single	\$ 643.29	10.0%	64.33	\$ 578.96
HSA Family	\$ 1,488.81	12.5%	\$ 186.10	\$ 1,302.71

VSP Vision Rates	Employee Monthly Premium
Employee Only	\$9.35
Employee + Spouse	\$14.96
Employee + Child(ren)	\$15.28
Employee + Family	\$24.63