

2015 Greenfield-Central CSC Classified Health Insurance Premiums and Payments

Plan	Coverage	Bi-weekly Employee	Reduced Rate for the 26th Pay	Maximum Annual Employer Rate	Minimum Annual Employee Rate	Annual Employer Rate	Annual Employee Rate	Annual Total Rate
Wellness	Single	\$61.25	\$61.03	\$4,531.80	\$1,195.48	\$4,135	\$1,592.28	\$5,727.28
	Family	\$186.35	\$186.33	\$13,781.04	\$1,821.04	\$10,757	\$4,845.08	\$15,602.08
Wellness NTU	Single	\$26.25	\$26.03	\$4,531.80	\$285.48	\$4,135	\$682.28	\$4,817.28
	Family	\$151.35	\$151.33	\$13,781.04	\$911.04	\$10,757	\$3,935.08	\$14,692.08
CDHP 1	Single	\$77.99	\$77.77	\$4,781.40	\$1,381.12	\$4,135	\$2,027.52	\$6,162.52
	Family	\$228.35	\$228.33	\$14,280.24	\$2,413.84	\$10,757	\$5,937.08	\$16,694.08
CDHP 1 NTU	Single	\$42.99	\$42.77	\$4,781.40	\$471.12	\$4,135	\$1,117.52	\$5,252.52
	Family	\$193.35	\$193.33	\$14,280.24	\$1,503.84	\$10,757	\$5,027.08	\$15,784.08
CDHP2	Single	\$152.51	\$152.29	\$5,183.88	\$2,916.16	\$4,135	\$3,965.04	\$8,100.04
	Family	\$423.05	\$423.03	\$15,085.20	\$6,671.08	\$10,757	\$10,999.28	\$21,756.28
CDHP 2 NTU	Single	\$117.51	\$117.29	\$5,183.88	\$2,006.16	\$4,135	\$3,055.04	\$7,190.04
	Family	\$388.05	\$388.03	\$15,085.20	\$5,761.08	\$10,757	\$10,089.28	\$20,846.28
Traditional PPO	Single	\$324.17	\$323.95	\$5,782.92	\$6,780.28	\$4,135	\$8,428.20	\$12,563.20
	Family	\$880.43	\$880.41	\$16,283.28	\$17,364.88	\$10,757	\$22,891.16	\$33,648.16
Traditional PPO NTU	Single	\$289.17	\$288.95	\$5,782.92	\$5,870.28	\$4,135	\$7,518.20	\$11,653.20
	Family	\$845.43	\$845.41	\$16,283.28	\$16,454.88	\$10,757	\$21,981.16	\$32,738.16

NTU: Non-Tabacco Use