

2021

FLOUR BLUFF ISD - AETNA HEALTH INSURANCE

Plan Name		Total Monthly Rate	District Contribution	Monthly Employee Premium	2020 Rates	Change from 2020
			\$ 440.00		\$ 430.00	\$ 10.00
High Deductible Health Plan-4000	Employee Only	\$ 504.29	\$ 440.00	\$ 64.29	\$ 41.30	\$ 22.99
broad network	Employee & Spouse	\$ 1,008.59	\$ 440.00	\$ 568.59	\$ 512.61	\$ 55.98
	Employee & Children	\$ 882.51	\$ 440.00	\$ 442.51	\$ 394.77	\$ 47.74
	Family	\$ 1,386.84	\$ 440.00	\$ 946.84	\$ 866.12	\$ 80.72
This plan is eligible for a Health Savings Account. The District will Contribute \$100 per month for each employee enrolled in the HDHP.						
Savings Choice 3000 Narrow Plan	Employee Only	\$ 595.75	\$ 440.00	\$ 155.75	\$ 88.04	\$ 67.71
narrow network	Employee & Spouse	\$ 1,191.51	\$ 440.00	\$ 751.51	\$ 606.10	\$ 145.41
	Employee & Children	\$ 1,042.57	\$ 440.00	\$ 602.57	\$ 476.58	\$ 125.99
	Family	\$ 1,638.37	\$ 440.00	\$ 1,198.37	\$ 994.67	\$ 203.70
Choice POS II 3000 Low Plan	Employee Only	\$ 823.22	\$ 440.00	\$ 383.22	\$ 270.61	\$ 112.61
broad network	Employee & Spouse	\$ 1,646.45	\$ 440.00	\$ 1,206.45	\$ 971.23	\$ 235.22
	Employee & Children	\$ 1,440.63	\$ 440.00	\$ 1,000.63	\$ 796.07	\$ 204.56
	Family	\$ 2,263.92	\$ 440.00	\$ 1,823.92	\$ 1,496.74	\$ 327.18