CERTIFICATED	PLAN 1-A	PLAN 3-B	PLAN 4-C	PLAN 8-D	WELLNESS 1	HDHP 1	BRONZE
Monthly Medical/RX Premium	$ 2,529.00	$ 2,324.00	$ 2,208.00	$ 1,770.00	$ 2,082.00	$ 1,397.00	$ 1,138.00
Monthly Dental Premium	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41
Monthly Vision Premium	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07
Total Monthly M/D/V Premiums	$ 2,702.48	$ 2,497.48	$ 2,381.48	$ 1,943.48	$ 2,255.48	$ 1,570.48	$ 1,311.48
Monthly District Contribution*	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Applies to certificated staff who receive **11 regular paychecks** or **11 regular paychecks + 1 deferred "summer check"**							
Monthly Employee Cost (11 Checks)	**$ 1,748.16**	**$ 1,524.52**	**$ 1,397.98**	**$ 920.16**	**$ 1,260.52**	**$ 513.25**	**$ 230.71**
Prior Year Employee Monthly Cost	$ 1,333.81	$ 1,153.81	$ 1,052.36	$ 666.17	$ 941.08	$ 337.81	$ 126.17
Increased Monthly Cost	$ 414.35	$ 370.71	$ 345.62	$ 253.99	$ 319.44	$ 175.44	$ 104.53

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS @ .83 FTE (5 Sections/No Prep)							
Applies to certificated staff who receive **11 regular paychecks** or **11 regular paychecks + 1 deferred "summer check"**							
Monthly District Contribution* (@ .83 FTE)	$ 913.00	$ 913.00	$ 913.00	$ 913.00	$ 913.00	$ 913.00	$ 913.00
Monthly Employee Cost (11 Checks)	**$ 1,952.16**	**$ 1,258.70**	**$ 1,148.03**	**$ 726.74**	**$ 1,026.64**	**$ 368.52**	**$ 137.64**

EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS							
Applies to certificated staff who receive **12 regular paychecks (July-June)**							
Monthly Employee Cost (12 Checks)	**$ 1,602.48**	**$ 1,397.48**	**$ 1,281.48**	**$ 843.48**	**$ 1,155.48**	**$ 470.48**	**$ 211.48**
Prior Year Employee Monthly Cost	$ 1,222.66	$ 1,057.66	$ 964.66	$ 610.66	$ 862.66	$ 309.66	$ 115.66
Increased Monthly Cost	$ 379.82	$ 339.82	$ 316.82	$ 232.82	$ 292.82	$ 160.82	$ 95.82

* District contribution based on current annual cap of $13,200

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CERTIFICATED DUAL 11 Checks	PLAN 1-A	PLAN 3-B	PLAN 4-C	PLAN 8-D	WELLNESS 1	HDHP 1	BRONZE
75% DUAL Discounted Premium	$ 1,897.00	$ 1,743.00	$ 1,656.00	$ 1,328.00	$ 1,562.00	$ 1,048.00	$ 854.00
Monthly Dental Premium	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41	$ 155.41
Monthly Vision Premium	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07	$ 18.07
Total Monthly M/D/V Premiums	$ 2,070.48	$ 1,916.48	$ 1,829.48	$ 1,501.48	$ 1,735.48	$ 1,221.48	$ 1,027.48
Monthly District Contribution*	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00	$ 1,100.00
EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Monthly Employee Cost (11 Checks)	**$ 1,058.71**	**$ 890.71**	**$ 795.80**	**$ 437.98**	**$ 693.25**	**$ 132.52**	**$ -**
Prior Year Employee Monthly Cost	$ 777.45	$ 642.17	$ 566.90	$ 276.72	$ 482.90	$ 30.17	$ -
Increased Monthly Cost	$ 281.26	$ 248.53	$ 228.89	$ 161.26	$ 210.35	$ 102.35	$ -

* District contribution based on current annual cap of $13,200

Above monthly deductions apply to certificated staff who receive 11 regular paychecks or 11 regular paychecks + 1 deferred "summer check".

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