CLASSIFIED-FULL TIME	PLAN 1-A	PLAN 3-A	PLAN 4-A	PLAN 7-A	WELLNESS 1	HDHP 1	BRONZE
Monthly Medical/RX Premium	$ 2,529.00	$ 2,336.00	$ 2,244.00	$ 2,049.00	$ 2,082.00	$ 1,397.00	$ 1,138.00
Monthly Dental Premium	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90
Monthly Vision Premium	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08
Total Monthly M/D/V Premiums	$ 2,706.98	$ 2,513.98	$ 2,421.98	$ 2,226.98	$ 2,259.98	$ 1,574.98	$ 1,315.98
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	**$ 1,753.07**	**$ 1,542.52**	**$ 1,442.16**	**$ 1,229.43**	**$ 1,265.43**	**$ 518.16**	**$ 235.61**
Prior Year Employee Monthly Cost	$ 1,338.74	$ 1,168.56	$ 1,087.83	$ 915.47	$ 946.01	$ 342.74	$ 131.11
Increased Monthly Cost	$ 414.33	$ 373.96	$ 354.33	$ 313.96	$ 319.42	$ 175.42	$ 104.51

EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS							
Monthly Employee Cost	**$ 1,606.98**	**$ 1,413.98**	**$ 1,321.98**	**$ 1,126.98**	**$ 1,159.98**	**$ 474.98**	**$ 215.98**
Prior Year Employee Monthly Cost	$ 1,227.18	$ 1,071.18	$ 997.18	$ 839.18	$ 867.18	$ 314.18	$ 120.18
Increased Monthly Cost	$ 379.80	$ 342.80	$ 324.80	$ 287.80	$ 292.80	$ 160.80	$ 95.80

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

NOTE: Above monthly cost pertains to classified ESP employees working 6 or more hours per day, as per the ESP Contract.

Employees that work less than 6 hours per day will receive a pro-rata portion of the district paid contribution.

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CLASSIFIED-PART TIME Less than 6 hours p/day	PLAN 1-A	PLAN 3-A	PLAN 4-A	PLAN 7-A	WELLNESS 1	HDHP 1	BRONZE
Monthly Medical/RX Premium	$ 2,529.00	$ 2,336.00	$ 2,244.00	$ 2,049.00	$ 2,082.00	$ 1,397.00	$ 1,138.00
Monthly Dental Premium	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90
Monthly Vision Premium	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08
Total Monthly M/D/V Premiums	$ 2,706.98	$ 2,513.98	$ 2,421.98	$ 2,226.98	$ 2,259.98	$ 1,574.98	$ 1,315.98
5.5 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS							
Monthly District Contribution [1]	$ 756.25	$ 756.25	$ 756.25	$ 756.25	$ 756.25	$ 756.25	$ 756.25
Monthly Employee Cost	**$ 2,128.07**	**$ 1,917.52**	**$ 1,817.16**	**$ 1,604.43**	**$ 1,640.43**	**$ 893.16**	**$ 610.61**
5 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS							
Monthly District Contribution [1]	$ 687.50	$ 687.50	$ 687.50	$ 687.50	$ 687.50	$ 687.50	$ 687.50
Monthly Employee Cost	**$ 2,203.07**	**$ 1,992.52**	**$ 1,892.16**	**$ 1,679.43**	**$ 1,715.43**	**$ 968.16**	**$ 685.61**
4.75 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS							
Monthly District Contribution [2]	$ 653.13	$ 653.13	$ 653.13	$ 653.13	$ 653.13	$ 653.13	$ 653.13
Monthly Employee Cost	**$ 2,240.56**	**$ 2,030.02**	**$ 1,929.65**	**$ 1,716.93**	**$ 1,752.93**	**$ 1,005.65**	**$ 723.11**
4 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS							
Monthly District Contribution [3]	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00
Monthly Employee Cost	**$ 2,353.07**	**$ 2,142.52**	**$ 2,042.16**	**$ 1,829.43**	**$ 1,865.43**	**$ 1,118.16**	**$ 835.61**
4 Hour per day Employee Out of Pocket Cost - 12 PAY CHECKS							
Monthly District Contribution [3]	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00	$ 550.00
Monthly Employee Cost	**$ 2,156.98**	**$ 1,963.98**	**$ 1,871.98**	**$ 1,676.98**	**$ 1,709.98**	**$ 1,024.98**	**$ 765.98**

[1] District monthly contribution based on full time cap of 1100 * ..6875 = 756.25 (5.5 hours p/day divided by 8 hours p/day=.6875)

[2] District monthly contribution based on full time cap of 1100 * .625 = 687.50 (5 hours p/day divided by 8 hours p/day=.625)

[3] District monthly contribution based on full time cap of 1100 * .59375 =653.13 (4.75 hours p/day divided by 8 hours p/day=.59375)

[4] District monthly contribution based on full time cap of 1100 * .50 = 550.00 (4 hours p/day divided by 8 hours p/day=.50)

NOTE: Specific costs for employee's who work hours other than what is provided in the above examples can be provided upon request.

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CLASSIFIED-FULL TIME (DUAL)	PLAN 1-A	PLAN 3-A	PLAN 4-A	PLAN 7-A	WELLNESS 1	HDHP 1	BRONZE
75% DUAL Discounted Premium	$ 1,897.00	$ 1,752.00	$ 1,683.00	$ 1,537.00	$ 1,562.00	$ 1,048.00	$ 854.00
Monthly Dental Premium	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90	$ 155.90
Monthly Vision Premium	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08	$ 22.08
Total Monthly M/D/V Premiums	$ 2,074.98	$ 1,929.98	$ 1,860.98	$ 1,714.98	$ 1,739.98	$ 1,225.98	$ 1,031.98
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 - 12 PAY CHECKS							
Monthly Employee Cost	**$ 974.98**	**$ 829.98**	**$ 760.98**	**$ 614.98**	**$ 639.98**	**$ 125.98**	**$ -**
Prior Year Employee Monthly Cost	$ 717.18	$ 600.18	$ 545.18	$ 426.18	$ 447.18	$ 32.18	$ -
Increased Monthly Cost	$ 257.80	$ 229.80	$ 215.80	$ 188.80	$ 192.80	$ 93.80	$ -

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Monthly Employee Cost	**$ 1,063.61**	**$ 905.43**	**$ 830.16**	**$ 670.89**	**$ 698.16**	**$ 137.43**	**$ -**
Prior Year Employee Monthly Cost	$ 782.38	$ 654.74	$ 594.74	$ 464.92	$ 487.83	$ 35.11	$ -
Increased Monthly Cost	$ 281.24	$ 250.69	$ 235.42	$ 205.96	$ 210.33	$ 102.33	$ -

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

NOTE: Above monthly cost is for full-time employees (working 6 or more hours per day) as per the ESP Contract.

Employees that work less than 6 hours per day will receive a pro-rata portion of the district paid contribution.

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