EMPLOYEE BENEFIT ALLOWANCE:

Employee Group	Allowance
Board Member	**$850.00**
Non-Represented	**$1,050.00**
Certificated	**$1,150.00**
Classified-Full Time	**$1,100.00**
Classified Part-Time	
4 Hours	$550.00
4.25 Hours	$584.38
4.5 Hours	$618.75
4.75 Hours	$653.13
5 Hours	$687.50
5.25 Hours	$721.88
5.5 Hours	$756.25
5.75 Hours	$790.63
6 Hours	$825.00
6.25 Hours	$859.38
6.5 Hours	$893.75
6.75 Hours	$928.13
7 Hours	$962.50
7.25 Hours	$996.88
7.5 Hours	$1,031.25
8.0 Hours (full time)	$1,100.00

***The benefit allowance is the portion your employer pays towards your benefit elections.**

Guestimate your total monthly costs for your specific benefit elections, fill in the applicable boxes:

Calculate Your Monthly Benefit Cost:

Enter The Medical Plan Cost	
Enter Dental Plan Cost	
Enter Vision Plan Cost	
Enter 30K Life Insurance Cost (mandatory with medical plan)	
Total Health Benefit Costs	
Employee Benefit Allowance : (Subtract Employee Benefit Allowance from Total Health Cost)	
Total Employee Cost per Month:	

**This information is provided for guidance only. Final benefit costs will be provided when elections are made in EASE (health enrollment platform)

EXAMPLE 1 - Calculate your monthly costs:	
Medical Plan Cost	$946.49
Dental Plan Cost	$122.46
Vision Plan Cost	$20.60
30K Life Ins. Cost (only with medical)	$3.75
Total Health Benefit Costs	**$1,093.30**
Employee Benefit Allowance	$1,050.00
Total Employee Cost per Month	**$43.30**

*Please see Health Plan Rate Sheet for plan costs.