CERTIFICATED	PLAN 1-A	PLAN 3-B	PLAN 4-C	PLAN 8-D	WELLNESS 1	HDHP 1	BRONZE
Monthly Medical/RX Premium	$ 2,827.00	$ 2,599.00	$ 2,469.00	$ 1,980.00	$ 2,329.00	$ 1,561.00	$ 1,272.00
Monthly Dental Premium	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17
Monthly Vision Premium	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98
Total Monthly M/D/V Premiums	$ 3,009.15	$ 2,781.15	$ 2,651.15	$ 2,162.15	$ 2,511.15	$ 1,743.15	$ 1,454.15
Monthly District Contribution*	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00

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)	**$ 1,946.35**	**$ 1,697.62**	**$ 1,555.80**	**$ 1,022.35**	**$ 1,403.07**	**$ 565.25**	**$ 249.98**
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	$ 612.53	$ 543.81	$ 503.44	$ 356.17	$ 461.99	$ 227.44	$ 123.81

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 FT	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75
Monthly Employee Cost (11 Checks)	**$ 2,173.53**	**$ 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)	**$ 1,784.15**	**$ 1,556.15**	**$ 1,426.15**	**$ 937.15**	**$ 1,286.15**	**$ 518.15**	**$ 229.15**
Prior Year Employee Monthly Cost	$ 1,222.66	$ 1,057.66	$ 964.66	$ 610.66	$ 862.66	$ 309.66	$ 115.66
Increased Monthly Cost	$ 561.49	$ 498.49	$ 461.49	$ 326.49	$ 423.49	$ 208.49	$ 113.49

* District contribution based on current annual cap of $14,700

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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	$ 2,121.00	$ 1,950.00	$ 1,852.00	$ 1,485.00	$ 1,747.00	$ 1,171.00	$ 954.00
Monthly Dental Premium	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17
Monthly Vision Premium	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98
Total Monthly M/D/V Premiums	$ 2,303.15	$ 2,132.15	$ 2,034.15	$ 1,667.15	$ 1,929.15	$ 1,353.15	$ 1,136.15
Monthly District Contribution*	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00
EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Monthly Employee Cost (11 Checks)	**$ 1,176.16**	**$ 989.62**	**$ 882.71**	**$ 482.35**	**$ 768.16**	**$ 139.80**	**$ -**
Prior Year Employee Monthly Cost	$ 777.45	$ 642.17	$ 566.90	$ 276.72	$ 482.90	$ 30.17	$ -
Increased Monthly Cost	$ 398.72	$ 347.44	$ 315.81	$ 205.63	$ 285.26	$ 109.63	$ -

* District contribution based on current annual cap of $14,700

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

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