CLASSIFIED-FULL TIME	PLAN 3-A		PLAN 7-A		PLAN 9-A		HDHP1		HDHP 2	BRONZE		
Monthly Medical/RX Premium	\$	2,611.00	\$ 2,290.00	\$	1,866.00	\$	1,561.00	\$	1,395.00	\$	1,272.00	
Monthly Dental Premium	\$	163.69	\$ 163.69	\$	163.69	\$	163.69	\$	163.69	\$	163.69	
Monthly Vision Premium	\$	23.19	\$ 23.19	\$	23.19	\$	23.19	\$	23.19	\$	23.19	
Total Monthly M/D/V Premiums	\$	2,797.88	\$ 2,476.88	\$	2,052.88	\$	1,747.88	\$	1,581.88	\$	1,458.88	
Monthly District Contribution*	\$	1,225.00	\$ 1,225.00	\$	1,225.00	\$	1,225.00	\$	1,225.00	\$	1,225.00	

	EMPLOYE	E O	UT OF POCKE	TC	OST - 11 PAY C	HEC	CKS		
Monthly Employee Cost	\$ 1,715.87	\$	1,229.43	\$	903.14	\$	570.41	\$ 389.32	\$ 255.14
Prior Year Employee Monthly Cost	\$ 1,542.52	\$	915.47			\$	518.16		\$ 235.61
Increased Monthly Cost	\$ 173.35	\$	313.96	\$	903.14	\$	52.25	\$ 389.32	\$ 19.53

	EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS														
Monthly Employee Cost	\$	1,572.88	\$	1,251.88	\$	827.88	\$	522.88	\$	356.88	\$	233.88			
Prior Year Employee Monthly Cost	\$	1,413.98	\$	1,126.98			\$	474.98			\$	215.98			
Increased Monthly Cost	\$	158.90	\$	124.90	\$	827.88	\$	47.90	\$	356.88	\$	17.90			

^{*}District contribution based on current annual cap of \$14,700

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-FULL TIME (DUAL)	PLAN 3-A		PLAN 7-A		PLAN 9-A		HDHP-1			HDHP 2	BRONZE		
75% DUAL Discounted Premium	\$	1,959.00	\$	1,718.00	\$	1,400.00	\$	1,171.00	\$	1,047.00	\$	954.00	
Monthly Dental Premium	\$	163.69	\$	163.69	\$	163.69	\$	163.69	\$	163.69	\$	163.69	
Monthly Vision Premium	\$	23.19	\$	23.19	\$	23.19	\$	23.19	\$	23.19	\$	23.19	
Total Monthly M/D/V Premiums	\$	2,145.88	\$	1,904.88	\$	1,586.88	\$	1,357.88	\$	1,233.88	\$	1,140.88	
Monthly District Contribution*	\$	1,225.00	\$	1,225.00	\$	1,225.00	\$	1,225.00	\$	1,225.00	\$	1,225.00	

	EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS														
Monthly Employee Cost	\$	920.88	\$	679.88	\$	361.88	\$	132.88	\$	8.88	\$	-			
Prior Year Employee Monthly Cost	\$	829.98	\$	614.98			\$	125.98	\$	-	\$	-			
Increased Monthly Cost	\$	90.90	\$	64.90	\$	361.88	\$	6.90	\$	8.88	\$	-			

	EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS														
Monthly Employee Cost	\$	1,004.60	\$	741.69	\$	394.78	\$	144.96	\$	9.69	\$				
Prior Year Employee Monthly Cost	\$	654.74	\$	654.74	\$	-	\$	464.92	\$	-	\$	-			
Increased Monthly Cost	\$	349.86	\$	86.95	\$	394.78	\$	(319.96)	\$	9.69	\$	-			

^{*}District contribution based on current annual cap of \$14,700

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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CLASSIFIED-PART TIME Less than 6 hours p/day		PLAN 3-A		PLAN 7-A		PLAN 9-A		HDHP 1		HDHP 2		BRONZE		
Monthly Medical/RX Premium	\$	2,611.00	\$	2,290.00	\$	1,866.00	\$	1,561.00	\$	1,395.00	\$	1,272.00		
Monthly Dental Premium	\$	163.69	\$	163.69	\$	163.69	\$	163.69	\$	163.69	\$	163.69		
Monthly Vision Premium	\$	23.19	\$	23.19	\$	23.19	\$	23.19	\$	23.19	\$	23.19		
Total Monthly M/D/V Premiums	\$	2,797.88	\$	2,476.88	\$	2,052.88	\$	1,747.88	\$	1,581.88	\$	1,458.88		
		5.5 Hour pe	r da	y Employee Ou	ıt o	f Pocket Cost -	11 F	'AY CHECKS						
Monthly District Contribution (1)	\$	842.19	\$	842.19	\$	842.19	\$	842.19	\$	842.19	\$	842.19		
Monthly Employee Cost	\$	2,133.48	\$	1,783.30	\$	1,320.75	\$	988.03	\$	806.93	\$	672.75		
5 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS														
Monthly District Contribution (1)	\$	765.63	\$	765.63	\$	765.63	\$	765.63	\$	765.63	\$	765.63		
Monthly Employee Cost	\$	2,217.00	\$	1,866.82	\$	1,404.27	\$	1,071.55	\$	890.45	\$	756.27		
	4.75 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS													
Monthly District Contribution (2)	\$	727.34	\$	727.34	\$	727.34	\$	727.34	\$	727.34	\$	727.34		
Monthly Employee Cost	\$	2,258.77	\$	1,908.59	\$	1,446.04	\$	1,113.32	\$	932.23	\$	798.04		
		4 Hour per	day	/ Employee Ou	t of	Pocket Cost - 1	1 P/	AY CHECKS						
Monthly District Contribution (3)	\$	612.50	\$	612.50	\$	612.50	\$	612.50	\$	612.50	\$	612.50		
Monthly Employee Cost	\$	2,384.05	\$	2,033.87	\$	1,571.32	\$	1,238.60	\$	1,057.51	\$	923.32		
		4 Hour per	day	/ Employee Ou	t of	Pocket Cost - 1	2 P/	AY CHECKS						
Monthly District Contribution (3)	\$	550.00	\$	550.00	\$	550.00	\$	550.00	\$	550.00	\$	550.00		
Monthly Employee Cost	\$	2,247.88	\$	1,926.88	\$	1,502.88	\$	1,197.88	\$	1,031.88	\$	908.88		
(1) District monthly contribution base	ed o	n full time cap o	f 12	25 *6875 = 84	42.1	19 (5.5 hours p	/day	divided by 8 ho	ours	p/day=.6875)				
(2) District monthly contribution base	2d 0	n full time can o	f 12	25 * 625 - 765	63	(5 hours n/day	, div	ided by 8 hours	n/d	av= 625)				
(3) District monthly contribution base	ed o	n full time cap o	f 12	25 * .59375 =7	27.3	34 (4.75 hours p	/da	y divided by 8 h	ours	p/day=.59375)				
(4) District monthly contribution base	ed o	n full time cap o	f 12	25. * .50 = 612	50	(4 hours p/day	divi	ded by 8 hours	p/da	y=.50)				
NOTE: Specific costs for employee's	who	work hours oth	ner t	han what is pro	vid	ed in the above	exa	amples can be p	rovi	ded upon reque	st.			