

## **Classified Insurance - Married Rate with Dual Coverage 10 Mo. Employee's**

**July 1, 2024 through September 30, 2024**

	<b>Plan 1A</b>	<b>Plan 4A</b>	<b>Plan 8A</b>	<b>Plan 10A</b>	<b>Wellness</b>	<b>HDHP2</b>	<b>Bronze</b>
Medical	1,897.00	1,683.00	1,404.00	1,084.00	1,562.00	936.00	854.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,020.14	1,806.14	1,527.14	1,207.14	1,685.14	1,059.14	977.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	811.81	597.81	318.81	(1.19)	476.81	(149.19)	(231.19)
July 2022 Coverage Pmt.	73.80	54.35	28.98	(0.11)	43.35	(13.56)	(21.02)
<b>Total Monthly Pmt.</b>	<b>885.61</b>	<b>652.16</b>	<b>347.79</b>	<b>(1.30)</b>	<b>520.16</b>	<b>(162.75)</b>	<b>(252.21)</b>

**October 1, 2024 through June 30, 2025**

	<b>Plan 1A</b>	<b>Plan 4A</b>	<b>Plan 8A</b>	<b>Plan 10A</b>	<b>Wellness</b>	<b>HDHP2</b>	<b>Bronze</b>
Medical	2,120.00	1,881.00	1,569.00	1,211.00	1,747.00	1,046.00	954.00
Dental	112.31	112.31	112.31	112.31	112.31	112.31	112.31
Vision	16.99	16.99	16.99	16.99	16.99	16.99	16.99
Total Insurance Cost	2,249.30	2,010.30	1,698.30	1,340.30	1,876.30	1,175.30	1,083.30
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	1,040.97	801.97	489.97	131.97	667.97	(33.03)	(125.03)
July 2022 Coverage Pmt.	73.80	54.35	28.98	(0.11)	43.35	(13.56)	(21.02)
<b>Total Monthly Pmt.</b>	<b>1,114.77</b>	<b>856.32</b>	<b>518.95</b>	<b>131.86</b>	<b>711.32</b>	<b>(46.59)</b>	<b>(146.05)</b>

## **Classified Insurance - Married Rate with Dual Coverage 12 Mo. Employee's**

**July 1, 2024 through September 30, 2024**

	<b>Plan 1A</b>	<b>Plan 4A</b>	<b>Plan 8A</b>	<b>Plan 10A</b>	<b>Wellness</b>	<b>HDHP2</b>	<b>Bronze</b>
Medical	1,897.00	1,683.00	1,404.00	1,084.00	1,562.00	936.00	854.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,020.14	1,806.14	1,527.14	1,207.14	1,685.14	1,059.14	977.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Monthly Payment</b>	<b>811.81</b>	<b>597.81</b>	<b>318.81</b>	<b>(1.19)</b>	<b>476.81</b>	<b>(149.19)</b>	<b>(231.19)</b>

**October 1, 2024 through June 30, 2025**

	<b>Plan 1A</b>	<b>Plan 4A</b>	<b>Plan 8A</b>	<b>Plan 10A</b>	<b>Wellness</b>	<b>HDHP2</b>	<b>Bronze</b>
Medical	2,120.00	1,881.00	1,569.00	1,211.00	1,747.00	1,046.00	954.00
Dental	112.31	112.31	112.31	112.31	112.31	112.31	112.31
Vision	16.99	16.99	16.99	16.99	16.99	16.99	16.99
Total Insurance Cost	2,249.30	2,010.30	1,698.30	1,340.30	1,876.30	1,175.30	1,083.30
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Monthly Payment</b>	<b>1,040.97</b>	<b>801.97</b>	<b>489.97</b>	<b>131.97</b>	<b>667.97</b>	<b>(33.03)</b>	<b>(125.03)</b>

**Annual Cost of Insurance** (Based on a full time Employee - 12 months of Coverage)

	<b>Plan 1A</b>	<b>Plan 4A</b>	<b>Plan 8A</b>	<b>Plan 10A</b>	<b>Wellness</b>	<b>HDHP2</b>	<b>Bronze</b>
Medical	24,771.00	21,978.00	18,333.00	14,151.00	20,409.00	12,222.00	11,148.00
Dental	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67
Vision	201.45	201.45	201.45	201.45	201.45	201.45	201.45
Total Plan Cost	26,304.12	23,511.12	19,866.12	15,684.12	21,942.12	13,755.12	12,681.12
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
<b>Annual Employee Total</b>	<b>11,804.12</b>	<b>9,011.12</b>	<b>5,366.12</b>	<b>1,184.12</b>	<b>7,442.12</b>	<b>(744.88)</b>	<b>(1,818.88)</b>