CLASSIFIED-FULL TIME	PLAN 3-A	PLAN 7-A	PLAN 9-A	HDHP1	HDHP 2	BRONZE
Monthly Medical/RX Premium	$ 2,821.00	$ 2,474.00	$ 2,017.00	$ 1,687.00	$ 1,507.00	$ 1,374.00
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	$ 3,007.88	$ 2,660.88	$ 2,203.88	$ 1,873.88	$ 1,693.88	$ 1,560.88
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 - 11 PAY CHECKS						
Monthly Employee Cost	**$ 1,944.96**	**$ 1,229.43**	**$ 1,067.87**	**$ 707.87**	**$ 511.51**	**$ 366.41**
Prior Year Employee Monthly Cost	$ 1,542.52	$ 915.47		$ 518.16		$ 235.61
Increased Monthly Cost	$ 402.44	$ 313.96	$ 1,067.87	$ 189.71	$ 511.51	$ 130.80

EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS						
Monthly Employee Cost	**$ 1,782.88**	**$ 1,435.88**	**$ 978.88**	**$ 648.88**	**$ 468.88**	**$ 335.88**
Prior Year Employee Monthly Cost	$ 1,413.98	$ 1,126.98		$ 474.98		$ 215.98
Increased Monthly Cost	$ 368.90	$ 308.90	$ 978.88	$ 173.90	$ 468.88	$ 119.90

*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-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	$ 2,821.00	$ 2,474.00	$ 2,017.00	$ 1,687.00	$ 1,507.00	$ 1,374.00
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	$ 3,007.88	$ 2,660.88	$ 2,203.88	$ 1,873.88	$ 1,693.88	$ 1,560.88
5.5 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS						
Monthly District Contribution [1]	$ 842.19	$ 842.19	$ 842.19	$ 842.19	$ 842.19	$ 842.19
Monthly Employee Cost	**$ 2,362.57**	**$ 1,984.03**	**$ 1,485.48**	**$ 1,125.48**	**$ 929.12**	**$ 784.03**
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	**$ 2,446.09**	**$ 2,067.55**	**$ 1,569.00**	**$ 1,209.00**	**$ 1,012.64**	**$ 867.55**
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	**$ 2,487.86**	**$ 2,109.32**	**$ 1,610.77**	**$ 1,250.77**	**$ 1,054.41**	**$ 909.32**
4 Hour per day Employee Out of Pocket Cost - 11 PAY CHECKS						
Monthly District Contribution [3]	$ 612.50	$ 612.50	$ 612.50	$ 612.50	$ 612.50	$ 612.50
Monthly Employee Cost	**$ 2,613.14**	**$ 2,234.60**	**$ 1,736.05**	**$ 1,376.05**	**$ 1,179.69**	**$ 1,034.60**
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
Monthly Employee Cost	**$ 2,457.88**	**$ 2,110.88**	**$ 1,653.88**	**$ 1,323.88**	**$ 1,143.88**	**$ 1,010.88**

(1) District monthly contribution based on full time cap of 1225 * ..6875 = 842.19 (5.5 hours p/day divided by 8 hours p/day=.6875)

(2) District monthly contribution based on full time cap of 1225 * .625 = 765.63 (5 hours p/day divided by 8 hours p/day=.625)

(3) District monthly contribution based on full time cap of 1225 * .59375 =727.34 (4.75 hours p/day divided by 8 hours p/day=.59375)

(4) District monthly contribution based on full time cap of 1225. * .50 = 612.50 (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 3-A	PLAN 7-A	PLAN 9-A	HDHP-1	HDHP 2	BRONZE
75% DUAL Discounted Premium	$ 2,116.00	$ 1,856.00	$ 1,513.00	$ 1,226.00	$ 1,131.00	$ 1,031.00
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	$ 2,302.88	$ 2,042.88	$ 1,699.88	$ 1,412.88	$ 1,317.88	$ 1,217.88
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	**$ 1,077.88**	**$ 817.88**	**$ 474.88**	**$ 187.88**	**$ 92.88**	**$ -**
Prior Year Employee Monthly Cost	$ 829.98	$ 614.98		$ 125.98	$ -	$ -
Increased Monthly Cost	$ 247.90	$ 202.90	$ 474.88	$ 61.90	$ 92.88	$ -

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS						
Monthly Employee Cost	**$ 1,175.87**	**$ 892.23**	**$ 518.05**	**$ 204.96**	**$ 101.32**	**$ -**
Prior Year Employee Monthly Cost	$ 654.74	$ 654.74	$ -	$ 464.92	$ -	$ -
Increased Monthly Cost	$ 521.13	$ 237.49	$ 518.05	$ (259.96)	$ 101.32	$ -

*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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