

| <b>BENEFIT RATE SHEET</b>  |                        |                       |                       |                       |   |                            |
|--|------------------------|-----------------------|-----------------------|-----------------------|---|----------------------------|
| <b>Administrators, Principals and Assistant Principals</b>   |                        |                       |                       |                       | <b>First Deduction = July 5, 2024</b>   |                            |
| <b>Full Time</b>   | <b>SY 2024-2025</b>    |                       |                       |                       | <b>Based on 26 bi-weekly deductions</b> |                            |
| <b>HEALTH INSURANCE</b>  | <b>Monthly Premium</b> | <b>Annual Premium</b> | <b>Annual Premium</b> | <b>District Share</b> | <b>Employee Share</b>                   | <b>Employee Deduction*</b> |
|  |                        | <b>SY 24/25</b>       | <b>SY 23/24</b>       | <b>90%</b>            | <b>10%</b>                              |                            |
| <b>Anthem ChoicePlus</b>   |                        |                       |                       |                       |   |                            |
| Single   | 928.27                 | 11,139.24             | 10,351.32             | 10,025.32             | 1,113.92                                | 42.84                      |
| Adult w Child(ren)   | 1,642.84               | 19,714.08             | 18,319.56             | 17,742.67             | 1,971.41                                | 75.82                      |
| 2 Adults   | 2,092.16               | 25,105.92             | 23,329.92             | 20,996.93             | 4,108.99                                | 158.04                     |
| Family   | 2,546.44               | 30,557.28             | 28,395.60             | 25,556.04             | 5,001.24                                | 192.36                     |
| <b>Anthem Standard</b>   |                        |                       |                       |                       |   |                            |
| Single   | 1,002.42               | 12,029.04             | 11,178.00             | 10,826.14             | 1,202.90                                | 46.27                      |
| Adult w Child(ren)   | 1,774.26               | 21,291.12             | 19,785.00             | 19,162.01             | 2,129.11                                | 81.89                      |
| 2 Adults   | 2,259.52               | 27,114.24             | 25,196.28             | 22,676.65             | 4,437.59                                | 170.68                     |
| Family   | 2,750.16               | 33,001.92             | 30,667.32             | 27,600.59             | 5,401.33                                | 207.74                     |
| <b>MSMA DENTAL INSURANCE</b>   |                        |                       |                       |                       |   |                            |
| <b>Plan A (with orthodontia)</b>   |                        |                       |                       |                       |   |                            |
| Single   | 40.29                  | 483.48                |                       | 483.48                | 0.00                                    | 0.00                       |
| 2 Person   | 85.17                  | 1,022.04              |                       | 483.48                | 538.56                                  | 20.71                      |
| Family   | 136.44                 | 1,637.28              |                       | 483.48                | 1,153.80                                | 44.38                      |
| <b>Plan B (without orthodontia)</b>  |                        |                       |                       |                       |   |                            |
| Single   | 40.29                  | 483.48                |                       | 483.48                | 0.00                                    | 0.00                       |
| 2 Person   | 83.30                  | 999.60                |                       | 483.48                | 516.12                                  | 19.85                      |
| Family   | 127.86                 | 1,534.32              |                       | 483.48                | 1,050.84                                | 40.42                      |
| <b>Part Time Employees receive prorated benefits based on the percent of time they are employed</b>                |                        |                       |                       |                       |   |                            |
| Health Insurance deductions are based on the premiums for ChoicePlus coverage with the following formulas applied: |                        |                       |                       |                       |   |                            |
| <i>Single - District pays 90% - Employee pays 10% of the current premium</i>                                       |                        |                       |                       |                       |   |                            |
| <i>Adult w Child(ren) - District pays 90% - Employee pays 10% of the current premium</i>                           |                        |                       |                       |                       |   |                            |
| <i>2 Adults - District pays 90% of the prior years premium</i>   |                        |                       |                       |                       |   |                            |
| <i>Family - District pays 90% of the prior years premium</i>   |                        |                       |                       |                       |   |                            |