

YOUR MONTHLY BENEFIT COSTS- 9 Month Rates

Secretaries, Paraprofessionals, Food Service & Bus Drivers

1500 Deductible

	Full Monthly Premium	Premium for 9 months	9 Month District Contribution	9 Month Employee Contribution per Month
	12 Month Rate	(12 mo rate x12 ÷ 9)	9 Month Rate	9 Month Rate
Employee	\$829.30	\$1,105.73	\$640.00	\$465.73
Employee & Spouse	\$1,661.36	\$2,215.15	\$881.33	\$1,333.82
Employee & Child(ren)	\$1,370.47	\$1,827.29	\$853.33	\$973.96
Employee & Family	\$2,243.97	\$2,991.96	\$1,042.67	\$1,949.29

3000 Deductible

	Full Monthly Premium	Premium for 9 months	9 Month District Contribution	9 Month Employee Contribution per Month
	12 Month Rate	(12 mo rate x12 ÷ 9)	9 Month Rate	9 Month Rate
Employee	\$771.25	\$1,028.33	\$640.00	\$388.33
Employee & Spouse	\$1,545.07	\$2,060.09	\$881.33	\$1,178.76
Employee & Child(ren)	\$1,274.54	\$1,699.39	\$853.33	\$846.06
Employee & Family	\$2,086.89	\$2,782.52	\$1,042.67	\$1,739.85

HDHP 4000 Deductible

	Full Monthly Premium	Premium for 9 months	9 Month District Contribution	9 Month Employee Contribution per Month
	12 Month Rate	(12 mo rate x12 ÷ 9)	9 Month Rate	9 Month Rate
Employee	\$713.27	\$951.03	\$640.00	\$311.03
Employee & Spouse	\$1,429.31	\$1,905.75	\$881.33	\$1,024.42
Employee & Child(ren)	\$1,179.03	\$1,572.04	\$853.33	\$718.71
Employee & Family	\$1,930.71	\$2,574.28	\$1,042.67	\$1,531.61

HDHP 6000 Deductible

	Full Monthly Premium	Premium for 9 months	9 Month District Contribution	9 Month Employee Contribution per Month
	12 Month Rate	(12 mo rate x12 ÷ 9)	9 Month Rate	9 Month Rate
Employee	\$634.54	\$846.05	\$640.00	\$206.05
Employee & Spouse	\$1,271.85	\$1,695.80	\$881.33	\$814.47
Employee & Child(ren)	\$1,048.92	\$1,398.56	\$853.33	\$545.23
Employee & Family	\$1,717.72	\$2,290.29	\$1,042.67	\$1,247.62

*The 9 month rate is a prorated schedule to guarantee the employee has coverage through the summer months and is the same annual rate as a 12 month employee.