

## GCIC / BenefitSolver Rates Effective 7/1/23

Medical		Percentages		Single ( Employee Only)					Family Coverage					
OAPSE EMPLOYEES	% Paid by Employee	% Paid by Board	EE Per Pay Single	BD Per pay Single	EE Single Monthly	BD Single Monthly	Single Monthly Premium	PR Item #	EE Per pay Family	BD Per pay Family	EE Family Monthly	BD Family Monthly	Family Monthly Premium	PR Item #
Full Time	15%	85%	50.85	288.12	101.69	576.25	677.94	540	126.09	714.54	252.19	1,429.07	1,681.26	541
Less than 32 hours to 25 hrs	20%	80%	67.79	271.18	135.59	542.35	677.94	544	168.13	672.50	336.25	1,345.01	1,681.26	545
Less than 25 hours to 20 hrs	37.5%	62.5%	127.11	211.86	254.23	423.71	677.94	548	315.24	525.39	630.47	1,050.79	1,681.26	549
Both Spouses District Employees			847.43 11.00											
LEA EMPLOYEES	% Paid by Employee	% Paid by Board	Per pay Single	Per pay Single	Single Monthly	Single Monthly	Single Monthly Premium	PR Item #	Per pay Family	Per pay Family	Family Monthly	Family Monthly	Family Monthly Premium	PR Item #
Full Time	15%	85%	50.85	288.12	101.69	576.25	677.94	540	126.09	714.54	252.19	1,429.07	1,681.26	541
.80 TIME	20%	80%	67.79	271.18	135.59	542.35	677.94	544	168.13	672.50	336.25	1,345.01	1,681.26	545
.70 TIME	30%	70%	101.69	237.28	203.38	474.56	677.94	546	252.19	588.44	504.38	1,176.88	1,681.26	547
.60 TIME	40%	60%	135.59	203.38	271.18	406.76	677.94	550	336.25	504.38	672.50	1,008.76	1,681.26	551
.50 TIME	50%	50%	169.49	169.49	338.97	338.97	677.94	552	420.32	420.32	840.63	840.63	1,681.26	553
Both Spouses District Employees	10%	90%	33.90	305.07	67.79	610.15	677.94		84.06	756.57	168.13	1,513.13	1,681.26	543
			\$ 271.18						\$ 672.50					
ADMIN & EXEMPT EMPLOYEES	% Paid by Employee	% Paid by Board	Per pay Single	Per pay Single	Single Monthly	Single Monthly	Single Monthly Premium	PR Item #	Per pay Family	Per pay Family	Family Monthly	Family Monthly	Family Monthly Premium	PR Item #
Full Time	15%	85%	50.85	288.12	101.69	576.25	677.94	540	126.09	714.54	252.19	1,429.07	1,681.26	541
Both Spouses District Employees	10%	90%	33.90	305.07	67.79	610.15	677.94		84.06	756.57	168.13	1,513.13	1,681.26	543

Vision Employee Paid Only	Single Per Pay 2.12	Single Monthly 4.23	Family Per Pay 5.47	Family Monthly 10.94
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Dental Board Paid Only	Monthly premium 80.00
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