Confidential Employee Group

HEALTH INSURANCE PLAN BENEFIT COSTS

VEBA	TOTAL COST PER MONTH	DISTRICT PAYS* PER MONTH	YOU PAY PER MONTH
Single	$795.00	$795.00	$0.00
Single + 1	$1,650.50	$1,114.66	$535.84
Family	$2,262.00	$1,114.66	$1,147.34
Triple Option	**TOTAL COST PER MONTH**	**DISTRICT PAYS PER MONTH**	**YOU PAY PER MONTH**
Single	$940.00	$940.00	$0.00
Single + 1	$1,956.00	$1,114.66	$841.34
Family	$2,675.50	$1,114.66	$1,560.84
Double Option	**TOTAL COST PER MONTH**	**DISTRICT PAYS PER MONTH**	**YOU PAY PER MONTH**
Single	$988.00	$988.00	$0.00
Single + 1	$2,055.00	$1,114.66	$940.34
Family	$2,817.00	$1,114.66	$1,702.34

District benefit up to $989.66 per month; additional $125/month for S+1 or Family

* VEBA HRA $1200/$2400 contributed by district in two equal installments

DENTAL INSURANCE PLAN BENEFIT COSTS

	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$36.64	$34.90	$1.74
Single + 1	$71.92	$34.90	$37.02
Family	$119.80	$34.90	$84.90

LONG TERM DISABILITY INSURANCE PLAN BENEFIT

Percentage of income insured: 66 2/3% of monthly salary

Maximum monthly benefit: $5,556

Cost: 100% Employer paid

Class: 4

GROUP LIFE /AD&D INSURANCE PLAN BENEFIT COSTS

Life/AD&D Benefit Amount: $50000/$50000

Cost: 100% Employer paid

Class: 8

SUPPLEMENTAL LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Employee Supplemental Life & AD&D Benefit: $10,000 increments to a $400,000 maximum

Guarantee Issue Level: $250,000

Spouse Supplemental Life & AD&D Benefit: $5,000 increments to a $200,000 maximum, not to exceed employee amount

Guarantee Issue Level: $40,000

Employee or Spouse Age	Life and AD&D combined Rate per $1,000
0-24	$0.09
25-29	$0.10
30-34	$0.11
35-39	$0.12
40-44	$0.16
45-49	$0.21
50-54	$0.32
55-59	$0.46
60-64	$0.69
65-69	$1.30
70-74	$2.09
75-99	$3.28

Child(ren) Supplemental Life & AD&D Benefit: $2,000 increments to a $10,000 maximum, not to exceed employee amount

Coverage amount for all children

Guarantee Issue Level: $10,000

Child(ren) Life & AD&D combined Rate: $0.23 per $1,000