Non Certified Employees & FT Employees without District Contribution

HEALTH INSURANCE PLAN BENEFIT COSTS

High Deductible Health Plan ($6,450 deductible)	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$698.00	$0.00	$698.00
Single + 1	$1,449.00	$0.00	$1,449.00
Family	$1,842.00	$0.00	$1,842.00

FLEXIBLE SPENDING ACCOUNTS

Plan Year: July 01 - June 30

	Maximum Election Amount:
Health Care FSA	IRS Maximum
Dependent Care FSA	IRS Maximum