

MEDICAL PREMIUM COSTS

Medical Plans - 9 MONTH				
	1500 DEDUCTIBLE	3000 DEDUCTIBLE	4000 DEDUCTIBLE	6000 DEDUCTIBLE
Employee	\$1,197.51	\$1,113.68	\$1,029.96	\$916.28
Employee & Spouse	\$2,399.00	\$2,231.08	\$2,063.92	\$1,836.55
Employee & Child(ren)	\$1,978.96	\$1,840.44	\$1,702.52	\$1,514.64
Employee & Family	\$3,240.29	\$3,013.47	\$2,787.95	\$2,480.39

Medical Plans – 12 MONTH				
	1500 DEDUCTIBLE	3000 DEDUCTIBLE	4000 DEDUCTIBLE	6000 DEDUCTIBLE
Employee	\$898.13	\$835.26	\$772.47	\$687.21
Employee & Spouse	\$1,799.25	\$1,673.31	\$1,547.94	\$1,377.41
Employee & Child(ren)	\$1,484.22	\$1,380.33	\$1,276.89	\$1,135.98
Employee & Family	\$2,430.22	\$2,260.10	\$2,090.96	\$1,860.29

FTE	Dist. Cont.
1	\$800
0.98	\$784
0.96	\$768
0.94	\$752
0.92	\$736
0.9	\$720
0.88	\$704
0.86	\$688
0.84	\$672
0.82	\$656
0.8	\$640
0.78	\$624
0.76	\$608
0.74	\$592
0.72	\$576
0.7	\$560
0.68	\$544
0.66	\$528
0.64	\$512
0.62	\$496
0.6	\$480
0.58	\$464
0.56	\$448
0.54	\$432
0.52	\$416
0.5	\$400
0.48	\$384
0.46	\$368
0.44	\$352
0.42	\$336

IMPORTANT NOTES:

- The District will contribute up to \$800 per month to all 1.0 FTE employees.
- You must elect medical benefits in order to receive the \$800 per month District Contribution.
- The 9-month rate is a prorated schedule to guarantee the 9-month employee has coverage through the summer months and is the same annual rate as a 12-month employee.
- The monthly District Contribution will also be prorated based on hours worked. Please see chart above to determine your FTE status and monthly contribution.
- Calculate your FTE by dividing the hours you are scheduled weekly by 40. If you are scheduled 4 hours a day, multiply 4 hours a day times 5 days a week, take that 20 and divide by 40 which give you 0.5 FTE