

	<u>Composite Rates</u> 10 Months	<u>Composite Rates</u> 11 Months	<u>Composite Rates</u> 12 Months
Wellness 1 \$500 Deductible/\$1,000 Family Deductible 90/10 Co-insurance			
Monthly Premium	\$ 2,712.40	\$ 2,712.40	\$ 2,712.40
Per Year (Oct. - Sept.)	\$ 32,548.80	\$ 32,548.80	\$ 32,548.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 17,298.80	\$ 17,298.80	\$ 17,298.80
Monthly Premium	\$ 1,729.88	\$ 1,572.62	\$ 1,441.57
Plan #8C \$500 Deductible/\$1,000 Family Deductible 80/20 Co-insurance			
Monthly Premium	\$ 2,404.40	\$ 2,404.40	\$ 2,404.40
Per Year (Oct. - Sept.)	\$ 28,852.80	\$ 28,852.80	\$ 28,852.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 13,602.80	\$ 13,602.80	\$ 13,602.80
Monthly Premium	\$ 1,360.28	\$ 1,236.62	\$ 1,133.57
Plan #9C \$1,000 Deductible/\$2,000 Family Deductible 80/20 Co-insurance			
Monthly Premium	\$ 2,153.40	\$ 2,153.40	\$ 2,153.40
Per Year (Oct. - Sept.)	\$ 25,840.80	\$ 25,840.80	\$ 25,840.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 10,590.80	\$ 10,590.80	\$ 10,590.80
Monthly Premium	\$ 1,059.08	\$ 962.80	\$ 882.57
Plan #10C \$2,000 Deductible/\$4,000 Family Deductible 80/20 Co-insurance			
Monthly Premium	\$ 1,873.40	\$ 1,873.40	\$ 1,873.40
Per Year (Oct. - Sept.)	\$ 22,480.80	\$ 22,480.80	\$ 22,480.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 7,230.80	\$ 7,230.80	\$ 7,230.80
Monthly Premium	\$ 723.08	\$ 657.35	\$ 602.57
Plan # HDHP-1 \$1,700 Deductible/\$3,400 Family Deductible 90/10 Co-insurance			
Monthly Premium	\$ 1,857.40	\$ 1,857.40	\$ 1,857.40
Per Year (Oct. - Sept.)	\$ 22,288.80	\$ 22,288.80	\$ 22,288.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 7,038.80	\$ 7,038.80	\$ 7,038.80
Monthly Premium	\$ 703.88	\$ 639.89	\$ 586.57
Bronze Plan \$5,000 Ind. Deductible/\$10,000 Family Deductible 70/30 Co-insurance			
Monthly Premium	\$ 1,534.40	\$ 1,534.40	\$ 1,534.40
Per Year (Oct. - Sept.)	\$ 18,412.80	\$ 18,412.80	\$ 18,412.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 3,162.80	\$ 3,162.80	\$ 3,162.80
Monthly Premium	\$ 316.28	\$ 287.53	\$ 263.57
Plan HDHP 3 \$6,500 Ind. Deductible/\$13,000 Family Deductible 70/30 Co-insurance			
Monthly Premium	\$ 1,422.40	\$ 1,422.40	\$ 1,422.40
Per Year (Oct. - Sept.)	\$ 17,068.80	\$ 17,068.80	\$ 17,068.80
Paid By District	\$ 15,250.00	\$ 15,250.00	\$ 15,250.00
Employee Cost Per Year	\$ 1,818.80	\$ 1,818.80	\$ 1,818.80
Monthly Premium	\$ 181.88	\$ 165.35	\$ 151.57

I am Choosing:

My Plan Choice

****NOTE: Premium deductions are made in the number of service months regardless of the number of paychecks you receive.***

Printed Name

Signature

Date