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The amount listed below will be available for each eligible employee to distribute as he/she designates among benefits or cash. Those eligible for benefits must enroll in at least single health coverage.

Per Month	$1,000.00
Per Year	$12,000.00

When an employee and his/her spouse are both employees of the district, they may pool their district insurance contributions with the following stipulations:

*Both must participate in the district health insurance plan, if qualified, and maintain two single, single +1, or a family contract.
*Any balance remaining shall be applied toward additional coverage or cash.

HEALTH INSURANCE

		AWARE Cost per Month	HIGH VALUE Cost per Month
$1,500 Deductible			
	Single	$931.13	$853.55
	Employee+Child(ren)	$2,001.47	$1,838.54
	Single + Spouse	$2,098.77	$1,928.08
	Family	$3,169.09	$2,913.05
$3,500 Deductible			
	Single	$783.91	$719.21
	Employee+Child(ren)	$1,692.30	$1,556.45
	Single + Spouse	$1,774.88	$1,632.56
	Family	$2,683.26	$2,469.77
$6,500 Deductible			
	Single	$676.33	$620.91
	Employee+Child(ren)	$1,466.38	$1,350.00
	Single + Spouse	$1,538.20	$1,416.36
	Family	$2,328.24	$2,145.36

DENTAL INSURANCE

	Cost per Month
Single	$47.00
Single +1	$94.00
Family	$155.00

VISION INSURANCE

	Cost per Month
Single	$5.80
Single +1	$11.02
Family	$16.18

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HOSPITAL INDEMNITY

	Cost per Month
Employee	$10.18
EE + Spouse	$17.23
EE + Child	$14.29
EE + Family	$25.54

ACCIDENT INSURANCE

	Cost per Month
Employee	$7.45
EE + Spouse	$12.41
EE + Child	$15.79
EE + Famiy	$20.77

CRITICAL ILLNESS

Critical Illness insurance is offered to Employee ($10,000, $20,000 or $30,000), Spouse ($5,000, $10,000, $15,000 or $20,000) at a cost based on age. Child Critical Illness may be purchased at 50% of employee amount at no cost to Employee.

GROUP LIFE AND AD&D

The district shall provide a group life insurance policy in the amount listed below for each benefit eligible employee.

$50,000

OR

$150,000

Accidental death and dismemberment (AD&D) insurance would pay an additional benefit, up to the amount of your life benefit, if you suffer a covered loss due to an accidental injury. The per month cost is listed below.

$0.50 ($50,000)

OR

$1.50 ($150,000)

LONG TERM DISABILITY (LTD)

The district shall provide a long term disability insurance program for eligible employees. The full premium will be paid by the district. The LTD policy will be at 66.66% of the employee's monthly salary after a 60 day waiting period.

RETIREMENT BENEFITS

Public Employees Retirement Association (PERA)

Dist. Contribution	7.50%
Emp. Contribution	6.50%

Deferred Compensation (403(b)/457 Accounts)

Years of Service	Annual Dist. Match
Beginning Year 1	$2,400.00