Worthington City Schools
Certified Staff & Administrators
2027 Health Insurance Premiums Per Month

HEALTH INSURANCE PREMIUMS						
FTE	Single			Family		
	Employee	Board	Total	Employee	Board	Total
Full Time	$ 139.64	$ 857.76	$ 997.40	$ 402.62	$ 2,281.50	$ 2,684.12
.90 FTE	$ 225.42	$ 771.98	$ 997.40	$ 630.78	$ 2,053.34	$ 2,684.12
.80 FTE	$ 311.20	$ 686.20	$ 997.40	$ 858.92	$ 1,825.20	$ 2,684.12
.70 FTE	$ 396.98	$ 600.42	$ 997.40	$ 1,087.08	$ 1,597.04	$ 2,684.12
.60 FTE	$ 482.74	$ 514.66	$ 997.40	$ 1,315.22	$ 1,368.90	$ 2,684.12
.50 FTE	$ 568.52	$ 428.88	$ 997.40	$ 1,543.38	$ 1,140.74	$ 2,684.12
.40 FTE	$ 654.30	$ 343.10	$ 997.40	$ 1,771.52	$ 912.60	$ 2,684.12
.30 FTE	$ 740.08	$ 257.32	$ 997.40	$ 1,999.68	$ 684.44	$ 2,684.12
.20 FTE	$ 825.86	$ 171.54	$ 997.40	$ 2,227.82	$ 456.30	$ 2,684.12
.10 FTE	$ 911.62	$ 85.78	$ 997.40	$ 2,455.98	$ 228.14	$ 2,684.12