2027 Monthly Rates

Bilingual Para 7 hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$9,145.00	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$9,145.00	$0.00	$14,476.20	$1,206.35	$762.08	$444.27	$5,331.20	$900.00	$8,831.20
	$3500 / $7000	$9,145.00	$0.00	$14,690.76	$1,224.23	$762.08	$462.15	$5,545.76		$9,045.76
	$6350 / $12700	$9,145.00	$0.00	$11,389.20	$949.10	$762.08	$187.02	$2,244.20		$8,594.20
Employee + Spouse	$9,145.00	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$9,145.00	$0.00	$30,628.92	$2,552.41	$762.08	$1,790.33	$21,483.92	$1,300.00	$27,983.92
	$3500 / $7000	$9,145.00	$0.00	$31,082.88	$2,590.24	$762.08	$1,828.16	$21,937.88		$28,937.88
	$6350 / $12700	$9,145.00	$0.00	$24,097.32	$2,008.11	$762.08	$1,246.03	$221.88		$12,921.88
Employee + Children	$9,145.00	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$9,145.00	$0.00	$23,547.84	$1,962.32	$762.08	$1,200.24	$14,402.84	$1,300.00	$20,902.84
	$3500 / $7000	$9,145.00	$0.00	$23,896.80	$1,991.40	$762.08	$1,229.32	$14,751.80		$21,751.80
	$6350 / $12700	$9,145.00	$0.00	$18,526.32	$1,543.86	$762.08	$781.78	$4,691.88		$17,391.88
Family	$9,145.00	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$9,145.00	$0.00	$45,913.56	$3,826.13	$762.08	$3,064.05	$36,768.56	$1,300.00	$43,268.56
	$3500 / $7000	$9,145.00	$0.00	$46,594.08	$3,882.84	$762.08	$3,120.76	$37,449.08		$44,449.08
	$6350 / $12700	$9,145.00	$0.00	$36,122.64	$3,010.22	$762.08	$2,248.14	$4,691.88		$17,391.88

2027 Monthly Rates

Bilingual Para 6.75 Hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$8,818.39	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,818.39	$0.00	$14,476.20	$1,206.35	$734.87	$471.48	$5,657.81	$900.00	$9,157.81
	$3500 / $7000	$8,818.39	$0.00	$14,690.76	$1,224.23	$734.87	$489.36	$5,872.37		$9,372.37
	$6350 / $12700	$8,818.39	$0.00	$11,389.20	$949.10	$734.87	$214.23	$2,570.81		$8,920.81
Employee + Spouse	$8,818.39	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,818.39	$0.00	$30,628.92	$2,552.41	$734.87	$1,817.54	$21,810.53	$1,300.00	$28,310.53
	$3500 / $7000	$8,818.39	$0.00	$31,082.88	$2,590.24	$734.87	$1,855.37	$22,264.49		$29,264.49
	$6350 / $12700	$8,818.39	$0.00	$24,097.32	$2,008.11	$734.87	$1,273.24	$15,278.93		$27,978.93
Employee + Children	$8,818.39	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,818.39	$0.00	$23,547.84	$1,962.32	$734.87	$1,227.45	$14,729.45	$1,300.00	$21,229.45
	$3500 / $7000	$8,818.39	$0.00	$23,896.80	$1,991.40	$734.87	$1,256.53	$15,078.41		$22,078.41
	$6350 / $12700	$8,818.39	$0.00	$18,526.32	$1,543.86	$734.87	$808.99	$9,707.93		$22,407.93
Family	$8,818.39	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,818.39	$0.00	$45,913.56	$3,826.13	$734.87	$3,091.26	$37,095.17	$1,300.00	$43,595.17
	$3500 / $7000	$8,818.39	$0.00	$46,594.08	$3,882.84	$734.87	$3,147.97	$37,775.69		$44,775.69
	$6350 / $12700	$8,818.39	$0.00	$36,122.64	$3,010.22	$734.87	$2,275.35	$27,304.25		$40,004.25

2027 Monthly Rates

Bilingual Para 6.5 hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$8,491.79	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,491.79	$0.00	$14,476.20	$1,206.35	$707.65	$498.70	$5,984.41	$900.00	$9,484.41
	$3500 / $7000	$8,491.79	$0.00	$14,690.76	$1,224.23	$707.65	$516.58	$6,198.97		$9,698.97
	$6350 / $12700	$8,491.79	$0.00	$11,389.20	$949.10	$707.65	$241.45	$2,897.41		$9,247.41
Employee + Spouse	$8,491.79	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,491.79	$0.00	$30,628.92	$2,552.41	$707.65	$1,844.76	$22,137.13	$1,300.00	$28,637.13
	$3500 / $7000	$8,491.79	$0.00	$31,082.88	$2,590.24	$707.65	$1,882.59	$22,591.09		$29,591.09
	$6350 / $12700	$8,491.79	$0.00	$24,097.32	$2,008.11	$707.65	$1,300.46	$15,605.53		$28,305.53
Employee + Children	$8,491.79	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,491.79	$0.00	$23,547.84	$1,962.32	$707.65	$1,254.67	$15,056.05	$1,300.00	$21,556.05
	$3500 / $7000	$8,491.79	$0.00	$23,896.80	$1,991.40	$707.65	$1,283.75	$15,405.01		$22,405.01
	$6350 / $12700	$8,491.79	$0.00	$18,526.32	$1,543.86	$707.65	$836.21	$10,034.53		$22,734.53
Family	$8,491.79	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,491.79	$0.00	$45,913.56	$3,826.13	$707.65	$3,118.48	$37,421.77	$1,300.00	$43,921.77
	$3500 / $7000	$8,491.79	$0.00	$46,594.08	$3,882.84	$707.65	$3,175.19	$38,102.29		$45,102.29
	$6350 / $12700	$8,491.79	$0.00	$36,122.64	$3,010.22	$707.65	$2,302.57	$27,630.85		$40,330.85

2027 Monthly Rates

Bilingual Para 6.25 Hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$8,165.18	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,165.18	$0.00	$14,476.20	$1,206.35	$680.43	$525.92	$6,311.02	$900.00	$9,811.02
	$3500 / $7000	$8,165.18	$0.00	$14,690.76	$1,224.23	$680.43	$543.80	$6,525.58		$10,025.58
	$6350 / $12700	$8,165.18	$0.00	$11,389.20	$949.10	$680.43	$268.67	$3,224.02		$9,574.02
Employee + Spouse	$8,165.18	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,165.18	$0.00	$30,628.92	$2,552.41	$680.43	$1,871.98	$22,463.74	$1,300.00	$28,963.74
	$3500 / $7000	$8,165.18	$0.00	$31,082.88	$2,590.24	$680.43	$1,909.81	$22,917.70		$29,917.70
	$6350 / $12700	$8,165.18	$0.00	$24,097.32	$2,008.11	$680.43	$1,327.68	$15,932.14		$28,632.14
Employee + Children	$8,165.18	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,165.18	$0.00	$23,547.84	$1,962.32	$680.43	$1,281.89	$15,382.66	$1,300.00	$21,882.66
	$3500 / $7000	$8,165.18	$0.00	$23,896.80	$1,991.40	$680.43	$1,310.97	$15,731.62		$22,731.62
	$6350 / $12700	$8,165.18	$0.00	$18,526.32	$1,543.86	$680.43	$863.43	$10,361.14		$23,061.14
Family	$8,165.18	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$8,165.18	$0.00	$45,913.56	$3,826.13	$680.43	$3,145.70	$37,748.38	$1,300.00	$44,248.38
	$3500 / $7000	$8,165.18	$0.00	$46,594.08	$3,882.84	$680.43	$3,202.41	$38,428.90		$45,428.90
	$6350 / $12700	$8,165.18	$0.00	$36,122.64	$3,010.22	$680.43	$2,329.79	$27,957.46		$40,657.46

2027 Monthly Rates

Bilingual Para 6 hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$7,838.57	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,838.57	$0.00	$14,476.20	$1,206.35	$653.21	$553.14	$6,637.63	$900.00	$10,137.63
	$3500 / $7000	$7,838.57	$0.00	$14,690.76	$1,224.23	$653.21	$571.02	$6,852.19		$10,352.19
	$6350 / $12700	$7,838.57	$0.00	$11,389.20	$949.10	$653.21	$295.89	$3,550.63		$9,900.63
Employee + Spouse	$7,838.57	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,838.57	$0.00	$30,628.92	$2,552.41	$653.21	$1,899.20	$22,790.35	$1,300.00	$29,290.35
	$3500 / $7000	$7,838.57	$0.00	$31,082.88	$2,590.24	$653.21	$1,937.03	$23,244.31		$30,244.31
	$6350 / $12700	$7,838.57	$0.00	$24,097.32	$2,008.11	$653.21	$1,354.90	$16,258.75		$28,958.75
Employee + Children	$7,838.57	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,838.57	$0.00	$23,547.84	$1,962.32	$653.21	$1,309.11	$15,709.27	$1,300.00	$22,209.27
	$3500 / $7000	$7,838.57	$0.00	$23,896.80	$1,991.40	$653.21	$1,338.19	$16,058.23		$23,058.23
	$6350 / $12700	$7,838.57	$0.00	$18,526.32	$1,543.86	$653.21	$890.65	$10,687.75		$23,387.75
Family	$7,838.57	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,838.57	$0.00	$45,913.56	$3,826.13	$653.21	$3,172.92	$38,074.99	$1,300.00	$44,574.99
	$3500 / $7000	$7,838.57	$0.00	$46,594.08	$3,882.84	$653.21	$3,229.63	$38,755.51		$45,755.51
	$6350 / $12700	$7,838.57	$0.00	$36,122.64	$3,010.22	$653.21	$2,357.01	$28,284.07		$40,984.07

2027 Monthly Rates

Bilingual Para 5.5 hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$7,185.36	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,185.36	$0.00	$14,476.20	$1,206.35	$598.78	$607.57	$7,290.84	$900.00	$10,790.84
	$3500 / $7000	$7,185.36	$0.00	$14,690.76	$1,224.23	$598.78	$625.45	$7,505.40		$11,005.40
	$6350 / $12700	$7,185.36	$0.00	$11,389.20	$949.10	$598.78	$350.32	$4,203.84		$10,553.84
Employee + Spouse	$7,185.36	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,185.36	$0.00	$30,628.92	$2,552.41	$598.78	$1,953.63	$23,443.56	$1,300.00	$29,943.56
	$3500 / $7000	$7,185.36	$0.00	$31,082.88	$2,590.24	$598.78	$1,991.46	$23,897.52		$30,897.52
	$6350 / $12700	$7,185.36	$0.00	$24,097.32	$2,008.11	$598.78	$1,409.33	$221.88		$12,921.88
Employee + Children	$7,185.36	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,185.36	$0.00	$23,547.84	$1,962.32	$598.78	$1,363.54	$16,362.48	$1,300.00	$22,862.48
	$3500 / $7000	$7,185.36	$0.00	$23,896.80	$1,991.40	$598.78	$1,392.62	$16,711.44		$23,711.44
	$6350 / $12700	$7,185.36	$0.00	$18,526.32	$1,543.86	$598.78	$945.08	$11,340.96		$24,040.96
Family	$7,185.36	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$7,185.36	$0.00	$45,913.56	$3,826.13	$598.78	$3,227.35	$38,728.20	$1,300.00	$45,228.20
	$3500 / $7000	$7,185.36	$0.00	$46,594.08	$3,882.84	$598.78	$3,284.06	$39,408.72		$46,408.72
	$6350 / $12700	$7,185.36	$0.00	$36,122.64	$3,010.22	$598.78	$2,411.44	$28,937.28		$41,637.28

2027 Monthly Rates

Bilingual Para 5 Hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$6,532.14	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$6,532.14	$0.00	$14,476.20	$1,206.35	$544.35	$662.00	$7,944.06	$900.00	$11,444.06
	$3500 / $7000	$6,532.14	$0.00	$14,690.76	$1,224.23	$544.35	$679.88	$8,158.62		$11,658.62
	$6350 / $12700	$6,532.14	$0.00	$11,389.20	$949.10	$544.35	$404.75	$4,857.06		$11,207.06
Employee + Spouse	$6,532.14	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$6,532.14	$0.00	$30,628.92	$2,552.41	$544.35	$2,008.06	$24,096.78	$1,300.00	$30,596.78
	$3500 / $7000	$6,532.14	$0.00	$31,082.88	$2,590.24	$544.35	$2,045.89	$24,550.74		$31,550.74
	$6350 / $12700	$6,532.14	$0.00	$24,097.32	$2,008.11	$544.35	$1,463.76	$17,565.18		$30,265.18
Employee + Children	$6,532.14	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$6,532.14	$0.00	$23,547.84	$1,962.32	$544.35	$1,417.97	$17,015.70	$1,300.00	$23,515.70
	$3500 / $7000	$6,532.14	$0.00	$23,896.80	$1,991.40	$544.35	$1,447.05	$17,364.66		$24,364.66
	$6350 / $12700	$6,532.14	$0.00	$18,526.32	$1,543.86	$544.35	$999.51	$11,994.18		$24,694.18
Family	$6,532.14	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$6,532.14	$0.00	$45,913.56	$3,826.13	$544.35	$3,281.78	$39,381.42	$1,300.00	$45,881.42
	$3500 / $7000	$6,532.14	$0.00	$46,594.08	$3,882.84	$544.35	$3,338.49	$40,061.94		$47,061.94
	$6350 / $12700	$6,532.14	$0.00	$36,122.64	$3,010.22	$544.35	$2,465.87	$29,590.50		$42,290.50

2027 Monthly Rates

Bilingual Para 4.5 Hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$5,878.93	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,878.93	$0.00	$14,476.20	$1,206.35	$489.91	$716.44	$8,597.27	$900.00	$12,097.27
	$3500 / $7000	$5,878.93	$0.00	$14,690.76	$1,224.23	$489.91	$734.32	$8,811.83		$12,311.83
	$6350 / $12700	$5,878.93	$0.00	$11,389.20	$949.10	$489.91	$459.19	$5,510.27		$11,860.27
Employee + Spouse	$5,878.93	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,878.93	$0.00	$30,628.92	$2,552.41	$489.91	$2,062.50	$24,749.99	$1,300.00	$31,249.99
	$3500 / $7000	$5,878.93	$0.00	$31,082.88	$2,590.24	$489.91	$2,100.33	$25,203.95		$32,203.95
	$6350 / $12700	$5,878.93	$0.00	$24,097.32	$2,008.11	$489.91	$1,518.20	$18,218.39		$30,918.39
Employee + Children	$5,878.93	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,878.93	$0.00	$23,547.84	$1,962.32	$489.91	$1,472.41	$17,668.91	$1,300.00	$24,168.91
	$3500 / $7000	$5,878.93	$0.00	$23,896.80	$1,991.40	$489.91	$1,501.49	$18,017.87		$25,017.87
	$6350 / $12700	$5,878.93	$0.00	$18,526.32	$1,543.86	$489.91	$1,053.95	$12,647.39		$25,347.39
Family	$5,878.93	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,878.93	$0.00	$45,913.56	$3,826.13	$489.91	$3,336.22	$40,034.63	$1,300.00	$46,534.63
	$3500 / $7000	$5,878.93	$0.00	$46,594.08	$3,882.84	$489.91	$3,392.93	$40,715.15		$47,715.15
	$6350 / $12700	$5,878.93	$0.00	$36,122.64	$3,010.22	$489.91	$2,520.31	$30,243.71		$42,943.71

2027 Monthly Rates

Bilingual Para 4 hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$5,225.71	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,225.71	$0.00	$14,476.20	$1,206.35	$435.48	$770.87	$9,250.49	$900.00	$12,750.49
	$3500 / $7000	$5,225.71	$0.00	$14,690.76	$1,224.23	$435.48	$788.75	$9,465.05		$12,965.05
	$6350 / $12700	$5,225.71	$0.00	$11,389.20	$949.10	$435.48	$513.62	$6,163.49		$12,513.49
Employee + Spouse	$5,225.71	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,225.71	$0.00	$30,628.92	$2,552.41	$435.48	$2,116.93	$25,403.21	$1,300.00	$31,903.21
	$3500 / $7000	$5,225.71	$0.00	$31,082.88	$2,590.24	$435.48	$2,154.76	$25,857.17		$32,857.17
	$6350 / $12700	$5,225.71	$0.00	$24,097.32	$2,008.11	$435.48	$1,572.63	$18,871.61		$31,571.61
Employee + Children	$5,225.71	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,225.71	$0.00	$23,547.84	$1,962.32	$435.48	$1,526.84	$18,322.13	$1,300.00	$24,822.13
	$3500 / $7000	$5,225.71	$0.00	$23,896.80	$1,991.40	$435.48	$1,555.92	$18,671.09		$25,671.09
	$6350 / $12700	$5,225.71	$0.00	$18,526.32	$1,543.86	$435.48	$1,108.38	$13,300.61		$26,000.61
Family	$5,225.71	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$5,225.71	$0.00	$45,913.56	$3,826.13	$435.48	$3,390.65	$40,687.85	$1,300.00	$47,187.85
	$3500 / $7000	$5,225.71	$0.00	$46,594.08	$3,882.84	$435.48	$3,447.36	$41,368.37		$48,368.37
	$6350 / $12700	$5,225.71	$0.00	$36,122.64	$3,010.22	$435.48	$2,574.74	$30,896.93		$43,596.93

2027 Monthly Rates

Bilingual Para 3.5 Hours	District Contribution	Total District Premium Contribution	Balance left for VEBA	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	$4,572.50	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$4,572.50	$0.00	$14,476.20	$1,206.35	$381.04	$825.31	$9,903.70	$900.00	$13,403.70
	$3500 / $7000	$4,572.50	$0.00	$14,690.76	$1,224.23	$381.04	$843.19	$10,118.26		$13,618.26
	$6350 / $12700	$4,572.50	$0.00	$11,389.20	$949.10	$381.04	$568.06	$6,816.70		$13,166.70
Employee + Spouse	$4,572.50	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$4,572.50	$0.00	$30,628.92	$2,552.41	$381.04	$2,171.37	$26,056.42	$1,300.00	$32,556.42
	$3500 / $7000	$4,572.50	$0.00	$31,082.88	$2,590.24	$381.04	$2,209.20	$26,510.38		$33,510.38
	$6350 / $12700	$4,572.50	$0.00	$24,097.32	$2,008.11	$381.04	$1,627.07	$19,524.82		$32,224.82
Employee + Children	$4,572.50	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$4,572.50	$0.00	$23,547.84	$1,962.32	$381.04	$1,581.28	$18,975.34	$1,300.00	$25,475.34
	$3500 / $7000	$4,572.50	$0.00	$23,896.80	$1,991.40	$381.04	$1,610.36	$19,324.30		$26,324.30
	$6350 / $12700	$4,572.50	$0.00	$18,526.32	$1,543.86	$381.04	$1,162.82	$13,953.82		$26,653.82
Family	$4,572.50	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$4,572.50	$0.00	$45,913.56	$3,826.13	$381.04	$3,445.09	$41,341.06	$1,300.00	$47,841.06
	$3500 / $7000	$4,572.50	$0.00	$46,594.08	$3,882.84	$381.04	$3,501.80	$42,021.58		$49,021.58
	$6350 / $12700	$4,572.50	$0.00	$36,122.64	$3,010.22	$381.04	$2,629.18	$31,550.14		$44,250.14