Child Nutrition - Full Time

BCBS HEALTH INSURANCE PLAN BENEFIT COSTS

VEBA**	TOTAL COST PER MONTH	DISTRICT PAYS* PER MONTH	YOU PAY PER MONTH
Single	$899.00	$899.00	$0.00
Single + 1	$1,865.00	$1,154.24	$710.76
Family	$2,557.00	$1,154.24	$1,402.76

* VEBA HRA $1200/$2400 contributed by district in two equal installments

Triple Option	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$1,062.00	$1,029.24	$32.76
Single + 1	$2,210.50	$1,154.24	$1,056.26
Family	$3,023.50	$1,154.24	$1,869.26
Double Option	**TOTAL COST PER MONTH**	**DISTRICT PAYS PER MONTH**	**YOU PAY PER MONTH**
Single	$1,116.50	$1,029.24	$87.26
Single + 1	$2,322.00	$1,154.24	$1,167.76
Family	$3,183.00	$1,154.24	$2,028.76

District benefit up to $1,029.26 per month; additional $125/month for S+1 or Family

DENTAL INSURANCE PLAN BENEFIT COSTS

	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$40.30	$40.30	$0.00
Single + 1	$79.12	$40.30	$38.82
Family	$131.78	$40.30	$91.48

* Dental insurance benefit pays up to $483.60

LONG TERM DISABILITY INSURANCE PLAN BENEFIT

Coverage Amount: 66 2/3% of monthly salary/$5,556 maximum monthly benefit
Class: 6
Cost: 100% Employer paid

GROUP LIFE /AD&D INSURANCE PLAN BENEFIT COSTS

Life/AD&D Benefit Amount: $50000/$50000

Cost: 100% Employer paid
Class: 8

SUPPLEMENTAL LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Employee Supplemental Life & AD& $10,000 increments to a $400,000 maximum
Guarantee Issue Level: $250,000

Spouse Supplemental Life & AD&D $5,000 increments to a $200,000 maximum, not to exceed employee amount
Guarantee Issue Level: $40,000

Employee or Spouse Age	Life and AD&D combined Rate per $1,000
0-24	$0.09
25-29	$0.10
30-34	$0.11
35-39	$0.12
40-44	$0.16
45-49	$0.21
50-54	$0.32
55-59	$0.46
60-64	$0.69
65-69	$1.30
70-74	$2.09
75-99	$3.28

Child(ren) Supplemental Life & AD& $2,000 increments to a $10,000 maximum, not to exceed employee amount
Coverage amount for all children
Guarantee Issue Level: $10,000

Child(ren) Life & AD&D combined R $0.23 per $1,000