Medical Insurance Premiums

Plan 1 $4000 Choice HDHP Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 608.40	$ 608.40	$ 0	$ 0
Employee & Spouse	$ 1,338.17	$ 608.40	$ 729.77	$ 364.89
Employee & Child(ren)	$ 1,024.58	$ 608.40	$ 416.18	$ 208.09
Employee & Family	$ 1,708.64	$ 608.40	$ 1,100.24	$ 550.12

Plan 2 $3500 Nexus HMO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 716.20	$ 608.40	$ 107.80	$ 53.90
Employee & Spouse	$ 1,553.56	$ 608.40	$ 945.16	$ 472.58
Employee & Child(ren)	$ 1,187.97	$ 608.40	$ 579.57	$ 289.79
Employee & Family	$ 1,985.48	$ 608.40	$ 1,377.08	$ 688.54

Plan 3 $2500 Choice EPO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 853.06	$ 608.40	$ 244.66	$ 122.33
Employee & Spouse	$ 1,847.69	$ 608.40	$ 1,239.29	$ 619.65
Employee & Child(ren)	$ 1,426.87	$ 608.40	$ 818.47	$ 409.24
Employee & Family	$ 2,344.93	$ 608.40	$ 1,736.53	$ 868.27