

MEDICAL INSURANCE

Plan 1 Blue Choice HSA \$4000 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$455.88	\$455.88	\$0.00	\$0.00
Employee/Spouse	\$1,055.40	\$456.00	\$599.40	\$299.70
Employee/Child(ren)	\$809.96	\$456.00	\$353.96	\$176.98
Employee/Family	\$1,345.38	\$456.00	\$889.38	\$444.69

Plan 2 Blue Essentials HMO \$3500 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$516.16	\$456.00	\$60.16	\$30.08
Employee/Spouse	\$1,154.72	\$456.00	\$698.72	\$349.36
Employee/Child(ren)	\$884.76	\$456.00	\$428.76	\$214.38
Employee/Family	\$1,473.66	\$456.00	\$1,017.66	\$508.83

Plan 3 Blue Choice EPO \$2500 Ded	Total Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$617.70	\$456.00	\$161.70	\$80.85
Employee/Spouse	\$1,386.98	\$456.00	\$930.98	\$465.49
Employee/Child(ren)	\$1,061.50	\$456.00	\$605.50	\$302.75
Employee/Family	\$1,771.56	\$456.00	\$1,315.56	\$657.78