COST PER MONTH: A: 6-8 hrs/dy B: 5-<6 hrs/dy C: 4-<5 hrs/dy

30-40 hrs/wk 25-30 hrs/wk 20-<25 hrs/wk

SINGLE Employee Share: $23.01 $214.89 $262.86
Board Contribution: $479.69 $287.81 $239.85
Total Premium: $502.70 $502.70 $502.70

FAMILY Employee Share: $231.77 $750.79 $880.55
Board Contribution: $1,297.55 $778.53 $648.78
Total Premium: $1,529.32 $1,529.32 $1,529.32

Option 2 HEALTH INSURANCE: Health Reimbursement Account

COST PER MONTH: A: 6-8 hrs/dy B: 5-<6 hrs/dy C: 4-<5 hrs/dy

30-40 hrs/wk 25-30 hrs/wk 20-<25 hrs/wk

Total Premium: $498.92 $498.92 $498.92
Board Contribution: $479.69 $287.81 $239.85
HRA Funding $62.50
*** Net District Contribution $417.19 $225.31 $177.35

SINGLE Employee Share: $81.73 $273.61 $321.58
Total Premium: $1,516.90 $1,516.90 $1,516.90
Board Contribution: $1,297.55 $778.53 $648.78
HRA Funding $125.00
**** Net District Contribution $1,172.55 $653.53 $523.78

FAMILY Employee Share: $344.35 $863.37 $993.13

District Funds 50% of the HRA Deductible ($750.00/single or $1,500/family)

***Single = $750.00/12 = $62.50/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $479.69. The $62.50 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. $479.69 - $62.50 = $417.19 to be paid by the District towards the monthly premium.

****Family = $1,500/12 = $125.00/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $1,297.55. The $125.00 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. $1,297.55 - $125.00 = $1,172.55 to be paid by the District towards the monthly premium.

* = Insurance premiums for employees not working year round are divided equally over 16 pay periods each year.
DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2020 through December 31, 2020

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<th>A: 6-8 hrs/dy 30-40 hrs/wk</th>
<th>B: 5-&lt;6 hrs/dy 25-&lt;30 hrs/wk</th>
<th>C: 4-&lt;5 hrs/dy 20-&lt;25 hrs/wk</th>
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</table>

VISION COVERAGE

- Employee Only: $7.88/month
- Employee + Spouse: $12.60/month
- Employee + Children: $12.86/month
- Family: $20.74/month

* = Insurance premiums for employees not working year round are divided equally over 16 pay periods each year.