

Classified Insurance - 10 Mo. Employee's

July 1, 2024 through September 30, 2024

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,364.00	2,097.00	1,749.00	1,351.00	1,947.00	1,177.00	1,081.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,487.14	2,220.14	1,872.14	1,474.14	2,070.14	1,300.14	1,204.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	1,278.81	1,011.81	663.81	265.81	861.81	91.81	(4.19)
July 2022 Coverage Pmt.	116.26	91.98	60.35	24.16	78.35	8.35	(0.38)
Total Monthly Pmt.	1,395.07	1,103.79	724.16	289.97	940.16	100.16	(4.57)

October 1, 2024 through June 30, 2025

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,529.00	2,244.00	1,871.00	1,445.00	2,082.00	1,247.00	1,138.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,652.14	2,367.14	1,994.14	1,568.14	2,205.14	1,370.14	1,261.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	1,443.81	1,158.81	785.81	359.81	996.81	161.81	52.81
July 2022 Coverage Pmt.	116.26	91.98	60.35	24.16	78.35	8.35	(0.38)
Total Monthly Pmt.	1,560.07	1,250.79	846.16	383.97	1,075.16	170.16	52.43

Classified Insurance - 12 Mo. Employee's

July 1, 2024 through September 30, 2024

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,364.00	2,097.00	1,749.00	1,351.00	1,947.00	1,177.00	1,081.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,487.14	2,220.14	1,872.14	1,474.14	2,070.14	1,300.14	1,204.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Monthly Payment	1,278.81	1,011.81	663.81	265.81	861.81	91.81	(4.19)

October 1, 2024 through June 30, 2025

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,529.00	2,244.00	1,871.00	1,445.00	2,082.00	1,247.00	1,138.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,652.14	2,367.14	1,994.14	1,568.14	2,205.14	1,370.14	1,261.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Monthly Payment	1,443.81	1,158.81	785.81	359.81	996.81	161.81	52.81

Annual Cost of Insurance (Based on a full time Employee - 12 months of Coverage)

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	29,853.00	26,487.00	22,086.00	17,058.00	24,579.00	14,754.00	13,485.00
Dental	1,283.52	1,283.52	1,283.52	1,283.52	1,283.52	1,283.52	1,283.52
Vision	194.16	194.16	194.16	194.16	194.16	194.16	194.16
Total Plan Cost	31,330.68	27,964.68	23,563.68	18,535.68	26,056.68	16,231.68	14,962.68
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Employee Total	16,830.68	13,464.68	9,063.68	4,035.68	11,556.68	1,731.68	462.68