

## Corning Union Elementary INSURANCE COSTS

July 1, 2024 through June 30, 2025

### Unrepresented/Administration

#### July 1, 2024 through September 30, 2024

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,364.00	1,882.00	1,467.00	1,318.00	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	20.26	20.26	20.26	20.26	20.26	20.26	20.26
Total Insurance Cost	2,491.22	2,009.22	1,594.22	1,445.22	2,074.22	1,304.22	1,208.22
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Total Monthly Pmt.</b>	<b>1,282.89</b>	<b>800.89</b>	<b>385.89</b>	<b>236.89</b>	<b>865.89</b>	<b>95.89</b>	<b>(0.11)</b>

#### October 1, 2025 through June 30, 2025

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,529.00	2,013.00	1,569.00	1,409.00	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	20.26	20.26	20.26	20.26	20.26	20.26	20.26
Total Insurance Cost	2,656.22	2,140.22	1,696.22	1,536.22	2,209.22	1,374.22	1,265.22
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Total Monthly Pmt.</b>	<b>1,447.89</b>	<b>931.89</b>	<b>487.89</b>	<b>327.89</b>	<b>1,000.89</b>	<b>165.89</b>	<b>56.89</b>

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

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	29,853.00	23,763.00	18,522.00	16,635.00	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	243.12	243.12	243.12	243.12	243.12	243.12	243.12
Total Plan	31,379.64	25,289.64	20,048.64	18,161.64	26,105.64	16,280.64	15,011.64
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
<b>Annual EE Total</b>	<b>16,879.64</b>	<b>10,789.64</b>	<b>5,548.64</b>	<b>3,661.64</b>	<b>11,605.64</b>	<b>1,780.64</b>	<b>511.64</b>