

2009-2010 BENEFIT COST

**Medical Plan Coverage Options and Premiums**

**Choice + HSA 1250 HSA 2500**

<b>EMPLOYEE COVERAGE (DISTRICT PAID)</b>			
District Contribution to Eligible Employee	\$5,028.00	\$5,028.00	\$5,028.00
Premium (Cost) for " <b>Employee Only</b> " Coverage	\$5,028.00	\$3,612.00	\$2,412.00
Balance = Annual District Contribution to Employee H S A	N/A	\$1,250.00	\$2,500.00
District Contribution made over 22 pays to Employee H S A	N/A	\$56.82	\$113.64
<b><i>VOLUNTARY Annual Maximum Employee Contribution to H S A</i></b>	<b><i>N/A</i></b>	<b><i>\$1,750.00</i></b>	<b><i>\$500.00</i></b>
<b>SPOUSAL COVERAGE (Employee Paid)</b>			
Employee Paid Annual Cost for Spousal Coverage	\$6,074.40	\$4,338.00	\$2,877.00
Monthly Cost for comparison purposes	\$506.20	\$361.50	\$239.75
22 pay deduction from Employees check	\$276.11	\$197.18	\$130.77
<b><i>VOLUNTARY Annual Maximum Employee Contribution to H S A</i></b>	<b><i>N/A</i></b>	<b><i>\$4,700.00</i></b>	<b><i>\$3,450.00</i></b>
<b>CHILD(REN) COVERAGE (Employee Paid)</b>			
Employee Paid Annual Cost for Children	\$5,638.80	\$4,013.64	\$2,692.68
Monthly Cost for comparison purposes	\$469.90	\$334.47	\$224.39
22 pay deduction from Employees check	\$256.31	\$182.44	\$122.39
<b><i>VOLUNTARY Annual Maximum Employee Contribution to H S A</i></b>	<b><i>N/A</i></b>	<b><i>\$4,700.00</i></b>	<b><i>\$3,450.00</i></b>
<b>FAMILY COVERAGE (Employee Paid)</b>			
Employee Paid Annual Cost for Family Coverage	\$9,659.88	\$6,921.24	\$4,398.00
Monthly Cost for comparison purposes	\$804.99	\$576.77	\$366.52
22 pay deduction from Employees check	\$439.09	\$314.60	\$199.91
<b><i>VOLUNTARY Annual Maximum Employee Contribution to H S A</i></b>	<b><i>N/A</i></b>	<b><i>\$4,700.00</i></b>	<b><i>\$3,450.00</i></b>