

**MEDICAL**

No Medical Coverage

**Base Option**

<input type="checkbox"/> Individual Only	\$ 661.00
<input type="checkbox"/> Individual/Spouse	\$ 1,389.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,190.00
<input type="checkbox"/> Individual/Family	\$ 1,918.00

**CDHP Option**

<input type="checkbox"/> Individual Only	\$ 602.00
<input type="checkbox"/> Individual/Spouse	\$ 1,265.00
<input type="checkbox"/> Individual /Child(ren)	\$ 1,084.00
<input type="checkbox"/> Individual/Family	\$ 1,746.00

Medical Premium \_\_\_\_\_

**DENTAL**

No Dental Coverage

**Aetna Dental**

<input type="checkbox"/> Individual Only	\$ 38.40
<input type="checkbox"/> Individual/Spouse	\$ 74.11
<input type="checkbox"/> Individual /Child(ren)	\$ 85.77
<input type="checkbox"/> Individual/Family	\$ 119.67

**Family Dental Service, Inc.**

<input type="checkbox"/> Individual Only	\$ 58.79
<input type="checkbox"/> Individual/Spouse	\$ 99.91
<input type="checkbox"/> Individual /Child(ren)	\$ 120.51
<input type="checkbox"/> Individual/Family	\$ 148.19

**Cigna Dental Standard**

<input type="checkbox"/> Individual Only	\$ 17.44
<input type="checkbox"/> Individual/Spouse	\$ 31.82
<input type="checkbox"/> Individual /Child(ren)	\$ 37.06
<input type="checkbox"/> Individual/Family	\$ 55.42

**Cigna Dental Plus**

<input type="checkbox"/> Individual Only	\$ 31.62
<input type="checkbox"/> Individual/Spouse	\$ 57.72
<input type="checkbox"/> Individual /Child(ren)	\$ 67.22
<input type="checkbox"/> Individual/Family	\$ 100.51

Dental Premium \_\_\_\_\_

**VISION**

No Vision Coverage

<input type="checkbox"/> Individual Only	\$ 7.92
<input type="checkbox"/> Individual/Spouse	\$ 16.50
<input type="checkbox"/> Individual /Child(ren)	\$ 15.52
<input type="checkbox"/> Individual/Family	\$ 24.11

Vision Premium \_\_\_\_\_

\*To get per pay amount: Divide the sum of "Total Employee Monthly Premium" by 2

**District Contribution**

**Less Portion Paid by District**

**FULL TIME**

Subtotal \_\_\_\_\_

	<b>Base</b>	<b>CDHP</b>
If no medical or Individual only medical elected	\$ 722.00	\$ 722.00
If Individual/Spouse medical elected	\$ 1,009.00	\$ 1,118.00
If Individual/Children medical elected	\$ 832.00	\$ 922.00
If Individual/Family medical elected	\$ 1,332.00	\$ 1,477.00

Employee Type

Less portion paid by District \_\_\_\_\_

**PART TIME**

If no medical or Individual only medical elected	\$ 361.00	\$ 361.00
If Individual/Spouse medical elected	\$ 504.50	\$ 559.00
If Individual/Children medical elected	\$ 416.00	\$ 461.00
If Individual/Family medical elected	\$ 666.00	\$ 738.50

**Total Employee Monthly Premium**   
**Per Paycheck**

\*To get per pay amount: Divide the sum of "Total Employee Monthly Premium" by 2