

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
ASBAIT Medical Classic Gold				
EMPLOYEE Only	\$ 447.90	\$ 364.90	\$ 83.00	\$ 49.80
EMPLOYEE + SPOUSE	\$ 886.90	\$ 364.90	\$ 522.00	\$ 313.20
EMPLOYEE+ CHILD	\$ 823.90	\$ 364.90	\$ 459.00	\$ 275.40
EMPLOYEE + FAMILY	\$ 1,197.90	\$ 364.90	\$ 833.00	\$ 499.80
ASBAIT Medical Classic Silver				
EMPLOYEE Only	\$ 427.90	\$ 364.90	\$ 63.00	\$ 37.80
EMPLOYEE + SPOUSE	\$ 846.90	\$ 364.90	\$ 482.00	\$ 289.20
EMPLOYEE + CHILD	\$ 786.90	\$ 364.90	\$ 422.00	\$ 253.20
EMPLOYEE + FAMILY	\$ 1,143.90	\$ 364.90	\$ 779.00	\$ 467.40
ASBAIT Medical HDHP \$1,350				
EMPLOYEE Only	\$ 381.57	\$ 364.90	\$ 16.67	\$ 10.00
EMPLOYEE + SPOUSE	\$ 704.00	\$ 364.90	\$ 339.10	\$ 203.46
EMPLOYEE + CHILD	\$ 655.00	\$ 364.90	\$ 290.10	\$ 174.06
EMPLOYEE + FAMILY	\$ 950.00	\$ 364.90	\$ 585.10	\$ 351.06
EDS Dental Plan				
EMPLOYEE Only	\$ 8.76	\$ 8.76	\$ -	\$ 0
EMPLOYEE + SPOUSE	\$ 17.05	\$ 8.76	\$ 8.29	\$ 4.97
EMPLOYEE + CHILD	\$ 22.76	\$ 8.76	\$ 14.00	\$ 8.40
EMPLOYEE + FAMILY	\$ 25.39	\$ 8.76	\$ 16.63	\$ 9.98
Delta Dental Plan				
EMPLOYEE Only	\$ 38.15	\$ 8.76	\$ 29.39	\$ 17.63
EMPLOYEE + SPOUSE	\$ 78.25	\$ 8.76	\$ 69.49	\$ 41.69
EMPLOYEE + CHILD	\$ 80.31	\$ 8.76	\$ 71.55	\$ 42.93
EMPLOYEE + FAMILY	\$ 104.37	\$ 8.76	\$ 95.61	\$ 57.37
EyeMed Vision				
EMPLOYEE Only	\$ 5.80	\$ -	\$ 5.80	\$ 3.48
EMPLOYEE + SPOUSE	\$ 10.95	\$ -	\$ 10.95	\$ 6.57
EMPLOYEE + CHILD	\$ 11.55	\$ -	\$ 11.55	\$ 6.93
EMPLOYEE + FAMILY	\$ 16.90	\$ -	\$ 16.90	\$ 10.14