

Paraprofessionals

| MEDICAL PLAN OPTIONS: | Monthly Premium | Total Annual Premium - 12 Months | Monthly District Amount Funded | Monthly Employee Amount | Annual District Amount Funded | (Annual Deductible - District Funded Amount) | Annual 12 Month District Premium Contribution | Annual 12 Month Employee Cost | MMVS - PARA-Deduction 16 pays | District Deduction 16 pays |
|--|-----------------|----------------------------------|--------------------------------|-------------------------|-------------------------------|--|---|-------------------------------|-------------------------------|----------------------------|
| Lumenos Health Savings Account (HSA) \$2500 deductible single / \$5000 deductible 2-person and family plans | | | | | | | | | | |
| Single | \$907.92 | \$10,895.04 | \$883.53 | | \$10,602.36 | -\$1,500.00 | \$9,102.36 | \$1,792.68 | \$112.04 | \$568.90 |
| Two-Person | \$1,815.83 | \$21,789.96 | \$1,767.06 | | \$21,204.72 | -\$3,000.00 | \$18,204.72 | \$3,585.24 | \$224.08 | \$1,137.80 |
| Family | \$2,451.37 | \$29,416.44 | \$2,385.53 | | \$28,626.39 | -\$3,000.00 | \$25,626.39 | \$3,790.05 | \$236.88 | \$1,601.65 |
| Access Blue AB5 HMO \$5 co-pay RX: \$10 generic, \$20 Tier II, \$45 Tier III | | | | | | | | | | |
| Single 75% | \$1,178.04 | \$14,136.48 | \$883.53 | \$294.51 | \$10,602.36 | | \$10,602.36 | \$3,534.12 | \$220.88 | \$662.65 |
| Two-Person 75% | \$2,356.08 | \$28,272.96 | \$1,767.06 | \$589.02 | \$21,204.72 | | \$21,204.72 | \$7,068.24 | \$441.77 | \$1,325.30 |
| Family 75% | \$3,180.71 | \$38,168.52 | \$2,385.53 | \$795.18 | \$28,626.39 | | \$28,626.39 | \$9,542.13 | \$596.38 | \$1,789.15 |
| Access Blue Site of Service (HRA) \$20 / \$40 with \$1000/ \$3000 Deductible (ABSOS with HRA) | | | | | | | | | | |
| Single | \$897.90 | \$10,774.80 | \$883.53 | | \$10,602.36 | -\$500.00 | \$10,102.36 | \$672.44 | \$42.03 | \$631.40 |
| Two-Person | \$1,795.80 | \$21,549.60 | \$1,767.06 | | \$21,204.72 | -\$1,500.00 | \$19,704.72 | \$1,844.88 | \$115.31 | \$1,231.55 |
| Family | \$2,424.34 | \$29,092.08 | \$2,385.53 | | \$28,626.39 | -\$1,500.00 | \$27,126.39 | \$1,965.69 | \$122.86 | \$1,695.40 |

| DENTAL PLAN OPTION: | Monthly Premium | Annual Premium - 12 months | Monthly District Amount Funded | Monthly Employee Amount | Annual District Amount Funded | Annual 12 Month Employee Cost | Employee Deduction 16 pays | District Deduction 16 pays |
|--------------------------------|-----------------|----------------------------|--------------------------------|-------------------------|-------------------------------|-------------------------------|----------------------------|----------------------------|
| Delta Dental: Option 1P | | | | | | | | |
| Single | \$52.95 | \$635.40 | \$41.67 | \$11.28 | \$500.00 | \$135.40 | \$8.46 | \$31.25 |
| Two-Person | \$102.25 | \$1,227.00 | \$41.67 | \$60.58 | \$500.00 | \$727.00 | \$45.44 | \$31.25 |
| Family | \$182.47 | \$2,189.64 | \$41.67 | \$140.80 | \$500.00 | \$1,689.64 | \$105.60 | \$31.25 |