



Effective Dates: July 01, 2023 through June 30, 2024

Medical - ASBAIT/Meritain - Active					
	Carrier Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee ANNUAL Contribution	COBRA Monthly Premium w/2%
Classic Silver Plan \$400					
Employee Only	\$597.00	\$597.00	\$0.00	\$0.00	\$608.94
Employee & Spouse	\$1,195.00	\$597.00	\$598.00	\$7,176.00	\$1,218.90
Employee & Child/Children	\$1,051.00	\$597.00	\$454.00	\$5,448.00	\$1,072.02
Employee & Family	\$1,558.00	\$597.00	\$961.00	\$11,532.00	\$1,589.16
Value Silver Plan \$800					
Employee Only	\$530.00	\$530.00	\$0.00	\$0.00	\$540.60
Employee & Spouse	\$1,064.00	\$530.00	\$534.00	\$6,408.00	\$1,085.28
Employee & Child/Children	\$938.00	\$530.00	\$408.00	\$4,896.00	\$956.76
Employee & Family	\$1,388.00	\$530.00	\$858.00	\$10,296.00	\$1,415.76
HDHP-A Plan w/HSA \$1500					
Employee Only	\$476.50	\$476.50	\$0.00	\$0.00	\$486.03
Employee & Spouse	\$953.50	\$476.50	\$477.00	\$5,724.00	\$972.57
Employee & Child/Children	\$838.50	\$476.50	\$362.00	\$4,344.00	\$855.27
Employee & Family	\$1,243.50	\$476.50	\$767.00	\$9,204.00	\$1,268.37
District HSA-HDHP Funding-Employee Only		District Monthly \$100.00		District Annual \$1,200.00	

Medical - ASBAIT/Meritain - Retiree				
	Carrier Monthly Premium	Employee Monthly Contribution	Employee ANNUAL Contribution	
Value Gold Plan				
Employee Only	\$1,236.00	\$1,236.00	\$14,832.00	
Employee & Spouse	\$2,471.00	\$2,471.00	\$29,652.00	
Employee & Child/Children	\$2,164.00	\$2,164.00	\$25,968.00	
Employee & Family	\$3,220.00	\$3,220.00	\$38,640.00	

Voluntary Dental - Prepaid/COPAY EDS Dental - Active & Retiree				
	Carrier Monthly Premium	Employee Monthly Contribution	Employee ANNUAL Contribution	COBRA* Monthly Premium w/2%
EDS 700N				
Employee Only	\$9.55	\$9.55	\$114.60	\$9.74
Employee & Spouse	\$19.00	\$19.00	\$228.00	\$19.38
Employee & Child/Children	\$24.82	\$24.82	\$297.84	\$25.32
Employee & Family	\$28.64	\$28.64	\$343.68	\$29.21

Voluntary PPO Dental - AVESIS Premier Access - Active & Retiree				
	Carrier Monthly Premium	Employee Monthly Contribution	Employee ANNUAL Contribution	COBRA* Monthly Premium w/2%
Avesis PPO (Premier Access Network and OON 90th Percentile)				
Employee Only	\$38.25	\$38.25	\$459.00	\$39.02
Employee & Spouse	\$77.64	\$77.64	\$931.68	\$79.19
Employee & Child/Children	\$103.89	\$103.89	\$1,246.68	\$105.97
Employee & Family	\$158.73	\$158.73	\$1,904.76	\$161.90

Voluntary Vision - Avesis - BASE PLAN Active & Retiree				
	Carrier Monthly Premium	Employee Monthly Contribution	Employee ANNUAL Contribution	COBRA* Monthly Premium w/2%
Avesis				
Employee Only	\$8.32	\$8.32	\$99.84	\$8.49
Employee & Spouse	\$15.73	\$15.73	\$188.76	\$16.04
Employee & Child/Children	\$17.13	\$17.13	\$205.56	\$17.47
Employee & Family	\$22.04	\$22.04	\$264.48	\$22.48

Voluntary Vision - Avesis - BUY UP PLAN Active & Retiree				
	Carrier Monthly Premium	Employee Monthly Contribution	Employee ANNUAL Contribution	COBRA* Monthly Premium w/2%
Avesis				
Employee Only	\$10.64	\$10.64	\$127.68	\$10.85
Employee & Spouse	\$20.31	\$20.31	\$243.72	\$20.72
Employee & Child/Children	\$22.13	\$22.13	\$265.56	\$22.57
Employee & Family	\$28.54	\$28.54	\$342.48	\$29.11

* COBRA Participation is not available once Retirees leave plan