

# YOUR WEEKLY PLAN CONTRIBUTIONS

The amounts below are your weekly payroll deductions for each plan. The 10-month rate applies only to employees on a 10-month payroll schedule.

Medical Plan	10-Month Rate*	12-Month Rate
<b>BASE PLAN</b>		
Employee Only	\$40.53	\$32.73
Employee + Spouse	\$73.71	\$59.54
Employee + Child(ren)	\$65.14	\$52.62
Employee + Family	\$83.43	\$67.38
<b>PREMIUM PLAN</b>		
Employee Only	\$70.11	\$56.63
Employee + Spouse	\$127.71	\$103.15
Employee + Child(ren)	\$117.71	\$95.08
Employee + Family	\$137.53	\$111.08
Dental Plan	10-Month Rate*	12-Month Rate
<b>PLAN 1</b>		
Employee Only	\$5.50	\$4.44
Employee + Dependent	\$7.43	\$6.00
Employee + Family	\$11.23	\$9.07
<b>PLAN 2</b>		
Employee Only	\$6.99	\$5.64
Employee + Dependent	\$10.16	\$8.21
Employee + Family	\$15.61	\$12.60
Vision Plan	10-Month Rate*	12-Month Rate
<b>PPO PLAN</b>		
Employee Only	\$3.10	\$2.50
Employee + Spouse	\$4.62	\$3.73
Employee + Child(ren)	\$4.73	\$3.82
Employee + Family	\$7.18	\$5.80

\* The 10-month rate applies only to school employees on a 10-month payroll schedule.