

# Medical Plan Contribution

## 2012 Employee Per-Pay-Period Medical Premiums

**\*Rate does not reflect Wellness Rewards Discount or Tobacco Surcharge**

In order to enroll in any plan listed below, your per pay salary must support the deduction.

Medical Plan	Full Time				Part Time*			
EE = Employee	District Contribution	24 Employee Deductions	District Contribution	22 Employee Deductions	District Contribution	24 Employee Deductions	District Contribution	22 Employee Deductions
<b>Low Option HMO</b>								
EE Only	\$170.00	\$25.00	\$185.44	\$27.27	\$170.00	\$25.00	\$179.49	\$27.27
EE + Child(ren)	\$330.00	\$68.00	\$359.96	\$74.18	\$315.00	\$83.00	\$343.60	\$90.54
EE + Spouse	\$341.00	\$89.00	\$371.96	\$97.09	\$326.00	\$104.00	\$355.60	\$113.46
EE + Family	\$425.00	\$151.00	\$463.59	\$164.72	\$410.00	\$166.00	\$447.23	\$181.08
<b>High Option HMO</b>								
EE Only	\$211.25	\$31.25	\$230.43	\$34.09	\$161.25	\$81.25	\$175.89	\$88.63
EE + Child(ren)	\$370.00	\$120.00	\$403.60	\$130.91	\$305.00	\$185.00	\$332.69	\$201.81
EE + Spouse	\$367.50	\$145.50	\$400.87	\$158.73	\$302.50	\$210.50	\$329.97	\$229.63
EE + Family	\$540.00	\$200.00	\$589.03	\$218.18	\$475.00	\$265.00	\$518.13	\$289.08
<b>PPO MEDICAL</b>								
EE Only	\$168.00	\$229.50	\$183.25	\$250.36	\$153.00	\$244.50	\$166.89	\$266.70
EE + Child(ren)	\$354.50	\$588.00	\$386.69	\$641.44	\$339.50	\$603.00	\$370.33	\$657.81
EE + Spouse	\$356.50	\$652.50	\$388.87	\$711.81	\$341.50	\$667.50	\$372.51	\$728.17
EE + Family	\$415.00	\$814.50	\$452.68	\$888.54	\$400.00	\$829.50	\$436.32	\$904.90
<b>401(a) Dollars Plan</b>	Full Time				Part Time			
	District Contribution		District Contribution		District Contribution		District Contribution	
<b>WAIVE HEALTH</b>	\$50.00		\$64.55		\$25.00		\$27.27	

NOTE: Amounts reflected on paychecks may vary slightly due to rounding. Rates above do not include Wellness Rewards discounts or Tobacco Surcharge rates.

\*Applicable for those in an active paid part time status as of 12/31/2011.

Enrollment of any children and a Domestic Partner will be the equivalent of the above rates. The deductions will be reflected as the Employee – only pre-tax rate and the balance of the deduction will be taken on an after-tax basis.

Unless otherwise noted, all benefits listed are valid only for Health Services received through Participating Providers or with Plan approval. Notification of services may be required. This summary information is subject to change. This summary is not to be relied upon by members or applicants. If there is a discrepancy between this summary and the Summary Plan Description (SPD) the information found in the Summary Plan Description would supersede.