

LICENSED ACTIVE 4J EMPLOYEES

2007 - 2008 PLAN YEAR MONTHLY EMPLOYEE CONTRIBUTIONS

EFFECTIVE 10/1/2007 – 9/30/2008

Licensed Insurance Benefits: All plans include medical, vision and dental coverage	.5 - .75 FTE	.76 - .80 FTE	.81 - .85 FTE	.86 - .90 FTE	.91 - .95 FTE	.96 - 1.0 FTE
PLAN A-200	\$328.14	\$283.41	\$238.67	\$193.94	\$149.20	\$104.47
PLAN C-500	\$164.38	\$119.65	\$74.91	\$30.18	\$0	\$0
PPO	\$310.95	\$266.21	\$221.48	\$176.74	\$132.00	\$87.27

Monthly payroll deductions are shown in the table above. To determine your monthly payroll deduction, find your enrollment status (FTE) on the top and follow the column down to the different plan choices. These are composite rates, meaning the rate is the same regardless of how many dependents you cover on your plan. You can cover just yourself or your entire family for the same price.

PART-TIME EMPLOYEES MAY CHOOSE TO WAIVE DENTAL COVERAGE*

*If you are between .5 and .95 FTE, you have the option to waive dental coverage and thereby reduce your out-of-pocket insurance cost. Keep in mind, **you may only waive dental coverage during annual enrollment (or upon initial eligibility) and you will not be able to re-enroll in dental coverage for the remainder of the plan year (the only exceptions to this are if your FTE increases to .96 or greater or if you lose other dental coverage and provide proof of the loss within 31 days).***

Licensed Insurance Benefits: All plans include medical & vision coverage	.5 - .75 FTE	.76 - .80 FTE	.81 - .85 FTE	.86 - .90 FTE	.91 - .95 FTE	.96 - 1.0 FTE
PLAN A-200	\$223.80	\$179.07	\$134.33	\$89.60	\$44.86	N/A
PLAN C-500	\$60.04	\$15.31	\$0	\$0	\$0	N/A
PPO	\$206.61	\$161.87	\$117.14	\$72.40	\$27.66	N/A

* Only employees between .5 - .95 FTE have the option of waiving dental coverage due to their reduced district contribution toward insurance.