

**Monthly Premiums 2016- 2017
Effective July 1, 2016**

*NEW Full-time Emp KP Select 2	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$526.11	\$1,025.92	\$999.61	\$1,631.21
District Contribution	\$278.54	\$290.08	\$293.06	\$527.78
Cafeteria Contribution	\$115.00	\$115.00	\$115.00	\$115.00
Employee Cost	\$132.57	\$620.84	\$591.55	\$988.43

Full-time Employees HMO	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$573.44	\$1,118.21	\$1,089.54	\$1,777.95
District Contribution	\$278.54	\$290.08	\$293.06	\$527.78
Cafeteria Contribution	\$115.00	\$115.00	\$115.00	\$115.00
Employee Cost	\$179.90	\$713.13	\$681.48	\$1,135.17

FT, PT, and Under PT KP Select 1	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$447.11	\$871.87	\$849.51	\$1,385.24
District Contribution	\$385.07	\$388.57	\$391.97	\$616.53
Employee Cost	\$62.04	\$483.30	\$457.54	\$768.71

Part-time Employees Grandfathered HMO	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$573.44	\$1,118.21	\$1,089.54	\$1,777.95
District Contribution	\$234.02	\$246.47	\$247.75	\$395.27
Employee Cost	\$339.42	\$871.74	\$841.79	\$1,382.68

FT and PT Employees Dental - Basic	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$31.18	\$64.00	\$76.10	\$111.92
District Contribution	\$30.95	\$30.95	\$30.95	\$30.95
Employee Cost	\$0.23	\$33.05	\$45.15	\$80.97

FT and PT Employees Dental - Buy up	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$49.32	\$101.25	\$120.41	\$177.07
District Contribution	\$30.95	\$30.95	\$30.95	\$30.95
Employee Cost	\$18.37	\$70.30	\$89.46	\$146.12

FT and PT Employees Vision	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$7.80	\$13.07	\$13.34	\$21.51
Employee Cost	\$7.80	\$13.07	\$13.34	\$21.51

FT and PT Employees Life & AD&D	Employee	EE & Spouse	EE & Child(ren)	EE & Family
Total Premium	\$4.25	\$1.00	\$1.00	\$1.00
District Contribution	\$4.25	\$0.00	\$0.00	\$0.00
Employee Cost	\$0.00	\$1.00	\$1.00	\$1.00