

2023-2024 Medical Premiums - All Other Classifications - \$260 District Contribution

| <u>Medical ActiveCare Primary (0004)</u> | <u>Ded Code</u> | <u>Full Premium</u> | <u>Monthly</u> | <u>Semi-Monthly</u> |
|---|------------------------|----------------------------|-----------------------|----------------------------|
| Employee Only | 2400 | \$461.00 | \$201.00 | \$100.50 |
| Employee & Spouse | 2400 | \$1,245.00 | \$985.00 | \$492.50 |
| Employee & Child/ren | 2400 | \$784.00 | \$524.00 | \$262.00 |
| Employee & Family | 2400 | \$1,568.00 | \$1,308.00 | \$654.00 |

| <u>Medical ActiveCare HD (0001)</u> | <u>Ded Code</u> | <u>Full Premium</u> | <u>Monthly</u> | <u>Semi-Monthly</u> |
|--|------------------------|----------------------------|-----------------------|----------------------------|
| Employee Only | 2400 | \$475.00 | \$215.00 | \$107.50 |
| Employee & Spouse | 2400 | \$1,283.00 | \$1,023.00 | \$511.50 |
| Employee & Child/ren | 2400 | \$808.00 | \$548.00 | \$274.00 |
| Employee & Family | 2400 | \$1,615.00 | \$1,355.00 | \$677.50 |

| <u>Medical Active Care Primary+ (0002)</u> | <u>Ded Code</u> | <u>Full Premium</u> | <u>Monthly</u> | <u>Semi-Monthly</u> |
|---|------------------------|----------------------------|-----------------------|----------------------------|
| Employee | 2400 | \$541.00 | \$281.00 | \$140.50 |
| Employee & Spouse | 2400 | \$1,407.00 | \$1,147.00 | \$573.50 |
| Employee & Child/ren | 2400 | \$920.00 | \$660.00 | \$330.00 |
| Employee & Family | 2400 | \$1,786.00 | \$1,526.00 | \$763.00 |

| <u>Medical ActiveCare 2 (0003)</u> | <u>Ded Code</u> | <u>Full Premium</u> | <u>Monthly</u> | <u>Semi-Monthly</u> |
|---|------------------------|----------------------------|-----------------------|----------------------------|
| Employee Only | 2400 | \$1,013.00 | \$753.00 | \$376.50 |
| Employee & Spouse | 2400 | \$2,402.00 | \$2,142.00 | \$1,071.00 |
| Employee & Child/ren | 2400 | \$1,507.00 | \$1,247.00 | \$623.50 |
| Employee & Family | 2400 | \$2,841.00 | \$2,581.00 | \$1,290.50 |

| <u>Medical Scott & White HMO (0603)</u> | <u>Ded Code</u> | <u>Full Premium</u> | <u>Monthly</u> | <u>Semi-Monthly</u> |
|--|------------------------|----------------------------|-----------------------|----------------------------|
| Employee Only | 2400 | \$596.96 | \$336.96 | \$168.48 |
| Employee & Spouse | 2400 | \$1,501.90 | \$1,241.90 | \$620.95 |
| Employee & Child/ren | 2400 | \$960.68 | \$700.68 | \$350.34 |
| Employee & Family | 2400 | \$1,728.86 | \$1,468.86 | \$734.43 |