



MEDICAL RATE SUMMARY

Three medical plans to choose from....

	Plan 3 Deductible: \$1500 Single \$3000 Family \$40 Co-Pay	<u>Plan 5</u> Deductible: \$2500 Single \$5000 Family \$45 Co-Pay	HDHP - 2500 \$2500 SINGLE \$5000 ALL OTHER CONTRACTS
Single Premium	\$1,027.00	\$977.00	\$1,015.00
Family Premium	\$1,979.00	\$1,881.00	\$1,955.00
Single Coverage			
District paid premium	\$1,027.00	\$977.00	\$1,015.00
Premium Paid by Employee	\$0.00	\$0.00	\$0.00
HRA/HSA Contribution	\$0.00	\$50.00	\$12.00
Family Coverage			
District paid premium	\$1,128.00	\$1,118.00	\$1,126.00
Premium Paid by Employee			
(medical & dental are	\$851 + \$66 =	\$763 + \$66 =	\$829 + \$66 =
combined)	\$917	\$829	\$895
Both Spouses FCSD #1 Employees			
HRA/HSA Contribution	\$0.00	\$100.00	\$24.00

DENTAL RATE SUMMARY

One dental package available...

\$39.00
\$0.00
\$105.00
\$66.00