

Appendix D

Supporting Rates for Insurance Article

STANDARD AND BUY UP MEDICAL PLAN

	Employee Premium Hosp 1	Employee Premium Hosp 2	Employee Indemnity Plan	Board Premium Medical	Employee Premium Dental 1	Employee Premium Dental 2	Board Premium Dental	Employee Premium Vision	Board Premium Vision
Employee	\$64.13	\$78.42	\$0.00	\$320.05	\$0.00	\$5.75	\$22.25	\$0.00	\$6.00
Family W 2 Children	\$138.74 (\$69.37) per employee	\$206.39 (\$103.20) per employee	N/A	\$775.76	\$4.29 (\$2.15/\$2.14) per employee	\$21.23 (\$10.62/\$10.81) per employee	\$40.44	\$3.61 (\$1.81/\$1.80) per employee	\$11.84 (\$5.92) per employee
Family W 2 Single	\$128.28 (\$64.13) per employee	\$158.84 (\$78.42) per employee	N/A	\$775.76	\$0.00	\$11.50 (\$5.75) per employee	\$40.44	\$0.00	\$12.00 (\$8.00) per employee
Family	\$271.21	\$339.42	N/A	\$642.73	\$20.07	\$38.87	\$22.25	\$7.55	\$7.90

*** Premiums above are based upon 19 paychecks annually. Employees hired after the start of the school year may require a pro-rated premium. Premiums are subject to change through board approval.

LONG TERM DISABILITY AT 50% BENEFIT

	Employee Premium LTD	Board Premium LTD
Employee	\$0.00	\$.085 per \$100 of salary
Family W 2	N/A	N/A
Family	N/A	N/A

agreed not to raise premiums. 23-24 SY

[Handwritten signature]