## 2024 / 2025

## **Activities Director**

Deduct to VEBA first	District Contribution	Total District Premium Contribution	VEBA Amount	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	\$14,000.00									
	\$2600 / \$5200	\$11,400.00	\$2,600.00	\$10,021.80	\$835.15	\$835.15	\$0.00	\$0.00	\$900.00	\$900.00
	\$3500 / \$7000	\$10,500.00	\$3,500.00	\$9,703.32	\$808.61	\$808.61	\$0.00	\$0.00		\$0.00
	\$6350 / \$12700	\$7,650.00	\$6,350.00	\$7,986.60	\$665.55	\$665.55	\$0.00	\$0.00		\$0.00
Employee +	\$14,000.00		***Numbe	ers are Appro	oximate - \	Verify your I	Hours and/o	r FTE for Ac	curacy***	
Spouse	\$2600 / \$5200	\$8,800.00	\$5,200.00	\$21,204.24	\$1,767.02	\$733.33	\$1,033.69	\$12,404.24	\$1,300.00	\$13,704.24
	\$3500 / \$7000	\$7,000.00	\$7,000.00	\$20,530.68	\$1,710.89	\$583.33	\$1,127.56	\$13,530.68		\$13,530.68
	\$6350 / \$12700	\$1,300.00	\$12,700.00	\$16,898.28	\$1,408.19	\$108.33	\$1,299.86	\$15,598.28		\$19,230.68
Employee +	\$14,000.00		***Numbe	ers are Appro	oximate - \	Verify your I	Hours and/o	r FTE for Ac	curacy***	
Children	\$2600 / \$5200	\$8,800.00	\$5,200.00	\$16,302.00	\$1,358.50	\$733.33	\$625.17	\$7,502.00	\$1,300.00	\$8,802.00
	\$3500 / \$7000	\$7,000.00	\$7,000.00	\$15,784.20	\$1,315.35	\$583.33	\$732.02	\$8,784.20		\$8,784.20
	\$6350 / \$12700	\$1,300.00	\$12,700.00	\$12,991.68	\$1,082.64	\$108.33	\$974.31	\$11,691.68		\$11,691.68
Family	\$14,000.00		***Numbe	ers are Appro	oximate - \	Verify your I	Hours and/o	r FTE for Ac	curacy***	
	\$2600 / \$5200	\$8,800.00	\$5,200.00	\$31,785.72	\$2,648.81	\$733.33	\$1,915.48	\$22,985.72	\$1,300.00	\$24,285.72
	\$3500 / \$7000	\$7,000.00	\$7,000.00	\$30,776.04	\$2,564.67	\$583.33	\$1,981.34	\$23,776.04		\$23,776.04
	\$6350 / \$12700	\$1,300.00	\$12,700.00	\$25,330.92	\$2,110.91	\$108.33	\$2,002.58	\$24,030.92		\$24,030.92