2024 / 2025

						Monthly				Max OOP
						Amount	Monthly	Annual		Total
OFD						Paid	Premium	Premium	Plan Costs	Annual
CER	District	Total VEBA	Balance left	Annual	Monthly	towards	Cost to	Cost to	beyond	Employee
Coordinator	Contribution	Contribution	for Premium	Premium	Premium	Premium	Employee	Employee	Deductible	Cost
8 Hours	***************************************									
Employee	\$9,200.00	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	\$2600 / \$5200	\$2,600.00		·						\$4,321.80
	\$3500 / \$7000	\$3,500.00	\$5,700.00		\$808.61	\$475.00	\$333.61	\$4,003.32		\$4,003.32
	\$6350 / \$12700	\$6,350.00	\$2,850.00	\$7,986.60	\$665.55	\$237.50	\$428.05	\$5,136.60		\$5,136.60
						Monthly				Max OOP
						Amount	Monthly	Annual		Total
		Total District				Paid	Premium	Premium	Plan Costs	Annual
CER	District	Premium	Balance left	Annual	Monthly	towards	Cost to	Cost to	beyond	Employee
Coordinator	Contribution	Contribution	for VEBA	Premium	Premium	Premium	Employee	Employee	Deductible	Cost
8 Hours										
Employee +	\$9,200.00		***Number	s are Approx	kimate - Ver	ify your Ho	ours and/or	FTE for Acc	uracy***	
Spouse	\$2600 / \$5200	\$ 9,200.00	\$ -	\$ 21,204.24	\$1,767.02	\$766.67	\$ 1,000.35	\$ 12,004.24	\$ 1,300.00	\$18,504.24
	\$3500 / \$7000	\$ 9,200.00	\$ -	\$ 20,530.68	\$1,710.89	\$766.67	\$ 944.22	\$ 11,330.68		\$18,330.68
	\$6350 / \$12700	\$ 9,200.00	\$ -	\$ 16,898.28	\$1,408.19	\$766.67	\$ 641.52	\$ 7,698.28		\$20,398.28
P	40.000		+++	^			17	ETE (A	444	
Employee +	\$9,200.00	_		s are Approx						
Children	\$2600 / \$5200	\$ 9,200.00		\$ 16,302.00	\$1,358.50		\$ 591.83	\$ 7,102.00	\$ 1,300.00	\$13,602.00
	\$3500 / \$7000	\$ 9,200.00	\$ -	\$ 15,784.20	\$1,315.35		\$ 548.68	\$ 6,584.20		\$13,584.20
	\$6350 / \$12700	\$ 9,200.00	\$ -	\$ 12,991.68	\$1,082.64	\$766.67	\$ 315.97	\$ 3,791.68		\$16,491.68
Family	\$9,200.00		***Number	s are Approx	kimate - Ver	ify your Ho	ours and/or	FTE for Acc	uracy***	
	\$2600 / \$5200	\$ 9,200.00		\$ 31,785.72	\$2,648.81	\$766.67		\$ 22,585.72	\$ 1,300.00	\$29,085.72
	\$3500 / \$7000	\$ 9,200.00	\$ -	\$ 30,776.04	\$2,564.67	\$766.67	\$ 1,798.00	\$ 21,576.04		\$28,576.04
	\$6350 / \$12700	\$ 9,200.00	\$ -	\$ 25,330.92	\$2,110.91	\$766.67	\$ 1,344.24	\$ 16,130.92		\$28,830.92

2024 / 2025

CER Coordinator 4 Hours Employee	District Contribution \$4,600.00 \$2600 / \$5200	Total VEBA Contribution \$1,300.00		Annual Premium s are Approx		•			_	Max OOP Total Annual Employee Cost	
	\$3500 / \$7000 \$6350 / \$12700	\$1,750.00 \$3,175.00	\$2,850.00	\$9,703.32	\$808.61 \$665.55	\$237.50		\$6,853.32 \$6,561.60	·	\$8,603.32 \$9,736.60	
CER Coordinator	District Contribution	Total District Premium Contribution	Balance left for VEBA	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	
4 Hours Employee +	\$4,600.00	\$4,600.00 ***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***									
Spouse	\$2600 / \$5200 \$3500 / \$7000 \$6350 / \$12700	\$4,600.00 \$4,600.00 \$4,600.00	\$0.00 \$0.00	\$ 21,204.24 \$ 20,530.68 \$ 16,898.28	\$1,767.02 \$1,710.89 \$1,408.19	\$383.33 \$383.33		\$ 16,604.24 \$ 15,930.68 \$ 12,298.28	\$ 1,300.00	\$23,104.24 \$22,930.68 \$24,998.28	
Employee + Children	\$ 4,600.00 \$2600 / \$5200 \$3500 / \$7000 \$6350 / \$12700	\$ 4,600.00 \$ 4,600.00 \$ 4,600.00	\$ - \$ -	\$ are Approx \$ 16,302.00 \$ 15,784.20 \$ 12,991.68	\$1,358.50 \$1,315.35 \$1,082.64	\$383.33	\$ 975.17 \$ 932.02 \$ 699.31	\$ 11,702.00 \$ 11,184.20 \$ 8,391.68	\$ 1,300.00	\$18,202.00 \$18,184.20 \$21,091.68	
Family	\$ 4,600.00 \$2600 / \$5200 \$3500 / \$7000 \$6350 / \$12700	\$ 4,600.00 \$ 4,600.00 \$ 4,600.00	\$ - \$ -	\$ are Approx \$ 31,785.72 \$ 30,776.04 \$ 25,330.92	\$2,648.81 \$2,564.67 \$2,110.91	\$383.33 \$383.33 \$383.33		\$ 27,185.72	uracy*** \$ 1,300.00	\$33,685.72 \$33,176.04 \$33,430.92	