2024 / 2025

Technology	District Contribution	Balance Left for Premium	VEBA Contribution	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
8 hours										
Employee	\$10,761.80					Verify your H				
	\$2600 / \$5200	\$10,021.80	\$740.00	\$10,021.80	\$835.15	\$835.15	\$0.00	\$0.00	\$900.00	\$2,760.00
	\$3500 / \$7000	\$10,021.80	\$740.00	\$9,703.32	\$808.61	\$808.61	\$0.00	\$0.00		\$2,760.00
	\$6350 / \$12700	\$10,021.80	\$740.00	\$7,986.60	\$665.55	\$665.55	\$0.00	\$0.00		\$5,610.00
Employee +	\$10,761.80	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
Spouse	\$2600 / \$5200	\$10,021.80	\$740.00	\$21,204.24	\$1,767.02	\$835.15	\$931.87	\$11,182.44	\$1,300.00	\$16,942.44
	\$3500 / \$7000	\$10,021.80	\$740.00	\$20,530.68	\$1,710.89	\$835.15	\$875.74	\$10,508.88		\$16,768.88
	\$6350 / \$12700	\$10,021.80	\$740.00	\$16,898.28	\$1,408.19	\$835.15	\$573.04	\$6,876.48		\$18,836.48
Employee +	\$10,761.80		***Numt	pers are Apr	proximate - '	Verify your H	ours and/or	· FTE for Ac	curacv***	
Children	\$2600 / \$5200	\$10,021.80								\$12,040.20
	\$3500 / \$7000	\$10,021.80		\$15,784.20	\$1,315.35					\$12,022.40
	\$6350 / \$12700	\$10,021.80	\$740.00	\$12,991.68	\$1,082.64	\$835.15	\$247.49	\$2,969.88		\$14,929.88
Family	\$10,761.80		***Numt	oers are Anr	proximate - '	Verify your H	ours and/or	FTE for Ac		
	\$2600 / \$5200	\$10,021.80			\$2,648.81					\$27,523.92
	\$3500 / \$7000	\$10,021.80			\$2,564.67			\$20,754.24		\$27,014.24
	\$6350 / \$12700	\$10,021.80		\$25,330.92	\$2,110.91			\$15,309.12		\$27,269.12