		BEN	EFIT RATE SHE	ET		
Administrators, Prin	cipals and Assist	ant Principals			First Deduction	= July 7, 2023
Full Time	SY 2023-2024	-			Based on 26 bi-weekly deductions	
				D: 1: 10!	<b>5</b> 1 01	
HEALTH INSURANCE	Monthly Premium	Annual Premium	Annual Premium	District Share	Employee Share 10%	Employee Deduction*
Anthem ChoicePlus		SY 23/24	SY 22/23	90%	10%	<u>Deduction*</u>
Single	862.61	10,351.32	9,778.20	9,316.19	1,035.13	39.81
Adult w Child(ren)	1,526.63	18,319.56	17,305.32	16,487.60	1,831.96	70.46
2 Adults	1,944.16	23,329.92	22,038.36	19,834.52	3,495.40	134.44
Family	2,366.30	28,395.60	26,823.60	,		163.63
ramily	2,300.30	28,395.00	20,823.00	24,141.24	4,254.36	103.03
Anthem Standard						
Single	931.50	11,178.00	10,559.16	10,060.20	1,117.80	42.99
Adult w Child(ren)	1,648.75	19,785.00	18,689.64	17,806.50	1,978.50	76.10
2 Adults	2,099.69	25,196.28	23,801.28	21,421.15	3,775.13	145.20
Family	2,555.61	30,667.32	28,969.56	26,072.60	4,594.72	176.72
MSMA DENTAL INSUR	RANCE					
Plan A (with orthodon	tia)					
Single	39.70	476.40		476.40	0.00	0.00
2 Person	80.35	964.20		476.40	487.80	18.76
Family	136.44	1,637.28		476.40	1,160.88	44.65
Plan B (without orthog	lontia)					
Single	39.70	476.40		476.40	0.00	0.00
2 Person	78.59	943.08		476.40	466.68	17.95
Family	127.86	1,534.32		476.40	1,057.92	40.69
Part Time Employees	roceive proreted be	nofite based on the	norcent of time th	ov are employed		
Fait Tille Ellipioyees	Teceive prorated be	ilelits baseu on the	percent or time th	ey are employed	4	
Health Insurance deduction	lons are based on the pr	emiums for ChoicePlu	s coverage with the fo	l Illowing formulas ar	oplied:	
Single - District pays 90%						
Adult w Child(ren) - District						
2 Adults - District pays 90			J. D. O. Maill			
Family - District pays 90%						