

**JORDAN SCHOOL DISTRICT
EMPLOYEE INSURANCE PREMIUMS**

TRADITIONAL PPO MEDICAL PLAN

September 1, 2007 through August 31, 2008

Certificated

Advantage and Summit Plans

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$479.53	\$5,754.42	\$155.90	\$187.08	\$236.81	\$284.17	\$317.72	\$381.26
2-Party	\$771.76	\$9,261.15	\$250.92	\$301.10	\$381.13	\$457.35	\$511.34	\$613.61
Family	\$1,310.54	\$15,726.52	\$426.08	\$511.30	\$647.20	\$776.64	\$868.31	\$1,041.98

Preferred Plan

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$532.27	\$6,387.24	\$208.63	\$250.36	\$289.54	\$347.45	\$370.45	\$444.54
2-Party	\$856.65	\$10,279.74	\$335.80	\$402.96	\$466.01	\$559.21	\$596.22	\$715.47
Family	\$1,454.71	\$17,456.47	\$570.24	\$684.29	\$791.36	\$949.63	\$1,012.47	\$1,214.97

Classified

Advantage and Summit Plans

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$479.53	\$5,754.42	\$120.07	\$144.08	\$209.94	\$251.92	\$299.80	\$359.76
2-Party	\$771.76	\$9,261.15	\$193.25	\$231.90	\$337.88	\$405.45	\$482.51	\$579.01
Family	\$1,310.54	\$15,726.54	\$328.16	\$393.79	\$573.76	\$688.51	\$819.35	\$983.22

Preferred Plan

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$532.27	\$6,387.24	\$172.81	\$207.37	\$262.67	\$315.21	\$352.54	\$423.05
2-Party	\$856.65	\$10,279.74	\$278.13	\$333.76	\$422.76	\$507.31	\$567.39	\$680.87
Family	\$1,454.71	\$17,456.47	\$472.32	\$566.79	\$717.92	\$861.50	\$963.51	\$1,156.22

Administration

Advantage and Summit Plans

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$479.53	\$5,754.42	\$132.23	\$158.67	\$219.05	\$262.87	\$305.88	\$367.06
2-Party	\$771.76	\$9,261.15	\$212.81	\$255.37	\$352.55	\$423.05	\$492.28	\$590.74
Family	\$1,310.54	\$15,726.54	\$361.37	\$433.65	\$598.66	\$718.40	\$835.96	\$1,003.15

Preferred Plan

	Total Monthly Premium	Total Yearly Premium	Full Time Employee's Portion		Part Time Employee's Portion			
					Works .75 to .87 FTE 6 to 6.99 hours per day		Works .50 to .74 FTE 4 to 5.99 hours per day	
			12-Deduct	10-Deduct	12-Deduct	10-Deduct	12-Deduct	10-Deduct
Single	\$532.27	\$6,387.24	\$184.96	\$221.96	\$271.79	\$326.15	\$358.62	\$430.34
2-Party	\$856.65	\$10,279.74	\$297.69	\$357.23	\$437.43	\$524.91	\$577.17	\$692.60
Family	\$1,454.71	\$17,456.47	\$505.53	\$606.64	\$742.83	\$891.39	\$980.12	\$1,176.14

**JORDAN SCHOOL DISTRICT
COBRA AND RETIREE HEALTH INSURANCE PREMIUMS**

TRADITIONAL PPO MEDICAL PLAN

September 1, 2007 through August 31, 2008

COBRA PREMIUMS - 102%

	Advantage/Summit		Preferred	
	<u>Monthly</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Yearly</u>
Single	\$489.12	\$5,869.39	\$542.92	\$6,514.99
2-Party	\$787.20	\$9,446.37	\$873.78	\$10,485.34
Family	\$1,336.75	\$16,041.05	\$1,483.80	\$17,805.59

RETIREE PREMIUMS - 110%

	Advantage/Summit		Preferred	
	<u>Monthly</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Yearly</u>
Single	\$527.48	\$6,329.74	\$585.50	\$7,025.97
2-Party	\$848.94	\$10,187.27	\$942.32	\$11,307.84
Family	\$1,441.59	\$17,299.06	\$1,600.18	\$19,202.11

RETIREE PREMIUMS - 173%

For those retiring after July 1, 2006, under DP373-District Post Retirement Benefits.
The % will change yearly using a 3-year average of retiree claim usage.
Premiums will be charged after 18 months of COBRA and 6 months of 110% plan.

	Advantage/Summit		Preferred	
	<u>Monthly</u>	<u>Yearly</u>	<u>Monthly</u>	<u>Yearly</u>
Single	\$829.59	\$9,955.02	\$920.83	\$11,049.93
2-Party	\$1,335.14	\$16,021.67	\$1,482.00	\$17,783.95
Family	\$2,267.23	\$27,206.77	\$2,516.65	\$30,199.81