

**FOWLER ELEMENTARY SCHOOL DISTRICT #45
EMPLOYEE BENEFITS COST WORKSHEET
PLAN YEAR BEGINNING JULY 1, 2018 – JUNE 30, 2019**

Name _____ Date _____

School Location _____

EMPLOYEE HEALTH BENEFITS OPTIONS

	<i>Annual Cost</i>	<i>Your Cost</i>
A. BCBS (Medical Insurance)		
PPO \$0 Buy Up (\$30 co-pay)		
Employee	\$ 9,091.32	A. _____
Employee + Spouse	\$18,182.64	
Employee + Child (ren)	\$16,637.04	
Employee + Family	\$22,819.20	
PPO \$300 Base (\$25 co-pay)		
Employee	\$ 8,256.24	
Employee + Spouse	\$16,512.48	
Employee + Child (ren)	\$15,108.96	
Employee + Family	\$20,723.16	
B. MetLife (Dental Insurance)		
(\$5,000 Calendar Max.)		
Employee	\$ 522.36	B. _____
Employee + Family	\$ 1,303.20	
C. Avesis (Vision Insurance)		
Employee	\$ 68.16	C. _____
Employee + Spouse	\$123.12	
Employee + Child(ren)	\$136.56	
Employee + Family	\$174.96	

Total Annual Cost of Health Benefits Selected (A + B + C) _____

Hours per day _____

Less the Annual District Contribution - \$

District Contribution Amounts
(Amount prorated if less than 40 hrs weekly on new coverage eff 7/1/12)

\$8,254.24 ----8 hour employee
\$7,738.35 ----7.5 hour employee
\$7,222.46 ----7 hour employee
\$6,190.68 ----6 hour employee

Your Net Annual Cost* _____

*If negative amount, please enter \$0

Divided by 20

Your Per Paycheck Cost \$ _____

Before Tax
(Unless otherwise stated)

PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCE DEPT
 (ALONG WITH THE APPROPRIATE ENROLLMENT FORMS)

ACA ___ TD ___ M ___ D ___ V ___ SP S ___