

SCHOOL DISTRICT OF LEE COUNTY

Health Insurance Premiums (per Paycheck)

Effective 4/14

Plan 3769

<u>Type of Plan</u>	<u>Annual Premium</u>	<u>Total Monthly Rate</u>	<u>Total Plan Per Pay</u>	<u>Board Paid Flex Credit Per Pay</u>	<u>Employee Share Per Pay</u>	<u>Excess Flex Credit</u>
Employee Only	\$ 6,544.80	\$ 545.40	\$ 272.70	\$ 265.50	\$ 7.20	\$ -
Employee/Spouse	\$ 15,847.92	\$ 1,320.66	\$ 660.33	\$ 265.50	\$ 394.83	\$ -
Employee/Child	\$ 9,832.80	\$ 819.40	\$ 409.70	\$ 265.50	\$ 144.20	\$ -
Employee/Children	\$ 13,789.44	\$ 1,149.12	\$ 574.56	\$ 265.50	\$ 309.06	\$ -
Employee/Family	\$ 19,978.32	\$ 1,664.86	\$ 832.43	\$ 265.50	\$ 566.93	\$ -

Plan 5773

<u>Type of Plan</u>	<u>Annual Premium</u>	<u>Total Monthly Rate</u>	<u>Total Plan Per Pay</u>	<u>Board Paid Flex Credit Per Pay</u>	<u>Employee Share Per Pay</u>	<u>Excess Flex Credit</u>
Employee Only	\$ 6,143.04	\$ 511.92	\$ 255.96	\$ 265.50	\$ -	\$ 9.54
Employee/Spouse	\$ 14,837.04	\$ 1,236.42	\$ 618.21	\$ 265.50	\$ 352.71	\$ -
Employee/Child	\$ 9,216.00	\$ 768.00	\$ 384.00	\$ 265.50	\$ 118.50	\$ -
Employee/Children	\$ 12,913.44	\$ 1,076.12	\$ 538.06	\$ 265.50	\$ 272.56	\$ -
Employee/Family	\$ 18,696.96	\$ 1,558.08	\$ 779.04	\$ 265.50	\$ 513.54	\$ -

ATTENTION 20 PAY EMPLOYEES (186-DAY WORK SCHEDULE)

PLEASE NOTE: The premium rates listed above are based on 24 pay periods. Employees that receive 20 Paychecks will pay the rates listed above with an additional 25% pre-pay which will be applied toward summer coverage. The Board Paid Flex Credit amount also includes an extra 25% summer contribution.