2023 Health Insurance Pro-ration - Based on 24 Pay Periods

Cash In Lieu of Health Insurance 12-Month Staff - 24 Pay Periods 8 Hrs Per Day Before After 7/1/2010 7/1/2010 Monthly \$ 663.98 \$ 174.80 Per Pay Period \$ 331.99 \$ 87.40 Prorated Amounts Per Pay Period 7.25 - 8 Hr/Day 331.99 \$ 87.40 6.25 - 7 Hr/Day \$ 288.83 \$ 76.04 5.25 - 6 Hr/Day \$ 248.99 \$ 65.55 4.25 - 5 Hr/Day \$ 205.83 \$ 54.19 4 Hr/Day 166.00 \$ 43.70

Cash In Lieu of Health Insurance								
Custo	Custodians - 24 Pay Periods							
8 Hrs Per Day		Before		After				
		7/1/2008		7/1/2008				
Monthly	\$	663.98	\$	174.80				
Per Pay Period	\$	331.99	\$	87.40				
Prorated	l Am	ounts Per Pa	y F	Period				
7.25 - 8 Hr/Day	\$	331.99	\$	87.40				
6.25 - 7 Hr/Day	\$	288.83	\$	76.04				
	·		•					
5.25 - 6 Hr/Day	\$	248.99	\$	65.55				
4.25 - 5 Hr/Day	\$	205.83	\$	54.19				
4 Hr/Day	\$	166.00	\$	43.70				

Health Partners \$2,000/ \$4,000 Deductible Plan

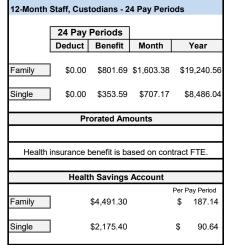
HSA Benefit \$1,527.36/\$3,022.08

12-Month Staff, Custodians - 24 Pay Periods						
	24 Pay	Periods				
	Deduct	Benefit	Month		Year	
Family	\$58.20	\$823.57	\$1,763.53	\$	21,162.36	
Single	\$25.67	\$363.23	\$777.80	:	\$9,333.60	
Prorated Amounts						
Healt	h insurand	e benefit is	based on co	ontra	act FTE.	
	He	alth Saving	gs Account			
				Per I	Pay Period	
Family		\$3,022.08		\$	125.92	
Single		\$1,527.36		\$	63.64	

Cash In Lieu of Health Insurance					
Employee must be covered by spouse's group					
health insurance plan and provide proof of					
insurance					

Prorated 12 Mont	h Staf	f - 24 Pay	y Pe	riods
	I	Month		Year
Family	\$	1,763.53	\$2	1,162.3
Single		\$777.80	\$	9,333.6
Prorated Am	ounte	Por Pay	Poi	riod
7.25 - 8 Hr/Day		duction		Benefit
Family	\$		_	
Single		25.67		
Olligic	Ψ	20.01	Ψ	000.20
6.25 - 7 Hr/Day	De	duction	E	Benefit
Family	\$	165.26	\$	716.50
Single	\$	72.89	\$	316.01
5.25 - 6 Hr/Day	De	duction	E	Benefit
Family	\$	264.09	\$	617.68
Single	\$	116.48	\$	272.42
4.25 - 5 Hr/Day	De	duction	E	Benefit
Family	\$	371.15	\$	510.61
Single	\$	163.70	\$	225.20
4 Hr/Day	De	duction	E	Benefit
Family	\$	440.88	\$	440.88
Single	¢.	194.45	Ф	104.45

Health Partners \$3,500/\$7,000 Deductible Plan HSA Benefit \$2,175.40/\$4,491.30



Prorated 12 Month Staff - 24 Pay Periods					
	ı	Month		Year	
Family	\$	1,603.38	\$1	9,240.56	
Single		\$707.17	\$	8,486.04	
Prorated Amou	ınts	Per Pay	Pei	riod	
7.25 - 8 Hr/Day	De	duction	Е	Benefit	
Family	\$	-	\$	801.69	
Single	\$	-	\$	353.59	
6.25 - 7 Hr/Day	De	duction	Е	Benefit	
Family	\$	104.22	\$	697.47	
Single	\$	45.97	\$	307.62	
5.25 - 6 Hr/Day	De	duction	n Benefit		
Family	\$	200.42	\$	601.27	
Single	\$	45.97	\$	307.62	
4.25 - 5 Hr/Day	De	duction	E	Benefit	
Family	\$	304.64	\$	497.05	
Single	\$	134.36	\$	219.22	
4 Hr/Day	De	duction	Е	Benefit	
Family	\$	400.85	\$	400.85	
Single	\$	176.79	\$	176.79	

Cash in Lieu of Health Insurance

9-Month Secretaries, Cooks, Nurses & Bus **Drivers** BEFORE AFTER Based on 19 Pay 7/1/2010 7/1/2010 Periods 7.25-8 hrs/Day \$419.36 \$110.40 6.25-7 hrs/Day \$364.84 \$96.05 5.25-6 hrs/Day \$314.51 \$82.80

Cash in Lieu of Health Insurance

\$260.00

\$209.68

\$68.45

\$55.20

\$55.20

4.25-5 hrs/Day

4 hrs/Day

4 hrs/Day

Paraprofessionals/Custodians						
Based on 19 Pay	BEFORE	AFTER				
Periods	7/1/2008	7/1/2008				
7.25-8 hrs/Day	\$419.36	\$110.40				
6.25-7 hrs/Day	\$364.84	\$96.05				
5.25-6 hrs/Day	\$314.51	\$82.80				
4.25-5 hrs/Day	\$260.00	\$68.45				

\$209.68

Health Partners \$2,000/\$4,000 Deductible Plan

HSA Benefit \$1,527.36/\$3,022.08

School Year Employee								
19 Pay Periods								
		Deduct/	Benefit/		Year			
		Pay	Pay					
		Period	Period					
7.25 - 8 hrs/day	Family	\$ 490.08	\$ 623.73	\$	21,162.36			
	Single	\$ 32.42	\$ 458.82	\$	9,333.60			
6.25 -7 hrs/day	Family	\$ 556.90	\$ 556.90	\$	21,162.36			
	Single	\$ 92.07	\$ 399.17	\$	9,333.60			
5.25 - 6 hrs/day	Family	\$ 556.90	\$ 556.90	\$	21,162.36			
	Single	\$ 147.13	\$ 344.12	\$	9,333.60			
4.25 - 5 hrs/day	Family	\$ 556.90	\$ 556.90	\$	21,162.36			
	Single	\$ 206.77	\$ 284.47	\$	9,333.60			
4 hrs/day	Family	\$ 556.90	\$ 556.90	\$	21,162.36			
	Single	\$ 245.62	\$ 245.62	\$	9,333.60			

Health Savings Account						
	Yearly	Pe	er Pay Period			
Family	\$3,022	\$ 159.0				
Single	\$1,527	\$	80.39			

Health Partners \$3,500/\$7,000 Deductible Plan

HSA Benefit \$2,175.40/\$4491.30

School Year Employee						
19 Pay Periods						
		Deduct/				Year
		Pay		enefit/		
		Period	Pay	Period		
7.25 - 8 hrs/day	Family	\$ 445.57	\$	567.09	\$	19,240.56
	Single	\$ -	\$	446.63	\$	8,486.04
6.25 -7 hrs/day	Family	\$ 506.33	\$	506.33	\$	19,240.56
	Single	\$ 58.06	\$	388.57	\$	8,486.04
5.25 - 6 hrs/day	Family	\$ 506.33	\$	506.33	\$	19,240.56
	Single	\$ 58.06	\$	388.57	\$	8,486.04
4.25 - 5 hrs/day	Family	\$ 506.33	\$	506.33	\$	19,240.56
•	Single	\$ 169.72	\$	276.91	\$	8,486.04
4 hrs/day	Family	\$ 506.33	\$	506.33	\$	19,240.56
	Single	\$ 223.32	\$	223.32	\$	8,486.04

Health Savings Account						
		Yearly Per Pay Period				
Family	\$	4,491.30	\$	236.38		
Single	\$	2,175.40	\$	114.49		