## 2022 SINGLE Plan Options Classified Hired AFTER 1/1/2010 Bus Drivers

Employee Only Vision \$ 127.68 \$ 127.68 Per Year \$ 7.10 Per 18 Pays  Family Vision \$ 329.76 \$ 329.76 Per Year \$ 18.32 Per 18 Pays  Employee Only Dental \$ 417.60 \$ 417.60 Per Year \$ 23.21 Per 18 Pays  Family Dental \$ 1,384.32 \$ 1,384.32 Per 18 Pays  Family Dental \$ 1,384.32 \$ 1,384.32 Per 18 Pays  Plan 2 \$ 3000 Deductible Max Out-of-Pocket \$3,000 Annual Cost & Corporation Contribution Corporation Contribution Corporation Corporation Contribution S 3,005.76 Per Year \$ 6,006	
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Family Vision	
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Plan 2 \$3000 Deductible Max Out-of-Pocket \$3,000 Cost Contribution Corp Contribution Pays  Employee Only Medical  \$76.91 Per 18 Pays  Difference between Annual Cost & Employee Corp Contribution Pays  \$6,006 Total cost out of post	
\$3000 Deductible Max Out-of-Pocket \$3,000  Cost Contribution  Corp Contribution  Corp Contribution  Fays  Employee Only Medical  \$7,500.00 \$ 4,494.24 \$ 3,005.76 \$ 3,005.76 Per Year \$6,006 Total cost out of possible contribution of the contributio	
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Employee Only Vision \$ 127.68 Per Year \$ 7.10 Per 18 Pays	
Family Vision \$ 329.76 \$ 329.76 Per Year	
\$ 18.32 Per 18 Pays	
Employee Only Dental \$ 417.60 \$ 417.60 Per Year \$ 23.21 Per 18 Pays	
Family Dental \$1,384.32 \$ 1,384.32 Per Year \$ 76.91 Per 18 Pays	

IF YOU WAIVE MEDICAL COVERAGE YOU CAN ELECT SINGLE DENTAL AND/OR VISION FOR \$1 PER YEAR

## 2022 FAMILY Plan Options Classified Hired AFTER 1/1/2010 Bus Drivers

Bus Drivers							
Plan 1 \$1500 Deductible Max Out-of-Pocket \$3,300	Annual Cost	Corporation Contribution	Difference between Annual Cost & Corp Contribution	Employee Pays			
Medical Family	\$25,044.00	\$ 5,182.08	\$ 19,861.92	\$ 19,861.92	Per Year	\$23,162	
Employee Only Vision	\$ 127.68			\$ 127.68	Per 18 Pays Per Year Per 18 Pays	Total cost of maximum out of pocket and premium	
Family Vision	\$ 329.76				Per Year Per 18 Pays		
Employee Only Dental	\$ 417.60				Per Year Per 18 Pays		
Family Dental	\$ 1,384.32				Per Year Per 18 Pays		
Plan 2			Difference				
\$6000 Deductible			between				
Max Out-of-Pocket \$6,000	Annual Cost	Corporation Contribution	Annual Cost & Corp Contribution	Employee Pays			
Medical Family	\$20,208.00	\$ 4,992.48	\$ 15,215.52	\$ 15,215.52	Per Year	\$21,216	
inicalcal r anning	Ψ20,200.00	1,002.10	Ψ 10,210.02		Per 18 Pays	Total cost of maximum out of	
Employee Only Vision	\$ 127.68			*	Per Year Per 18 Pays	pocket and premium	
Family Vision	\$ 329.76				Per Year Per 18 Pays		
5 1 0 1 B 1 1	<b>A</b> 447.00				5 1/	\$1,946	
Employee Only Dental	\$ 417.60			*	Per Year Per 18 Pays	\$4,646	
Family Dental	\$ 1,384.32			, ,	Per Year Per 18 Pays		
Plan 3 \$12000 Deductible			Difference between				
Max Out-of-Pocket \$12,000	Annual	Corporation	Annual Cost &	Employee			
	Cost	Contribution	Corp Contribution	Pays	D \/		
Medical Family	\$17,388.00	\$ 4,882.08	\$ 12,505.92	\$ 12,505.92 \$ 694.78	Per Year Per 18 Pays	\$24,506 Total cost of maximum out of	
Employee Only Vision	\$ 127.68				Per Year Per 18 Pays	pocket and premium	
Family Vision	\$ 329.76				Per Year Per 18 Pays		
Employee Only Dental	\$ 417.60				Per Year Per 18 Pays		
Family Dental	\$ 1,384.32			\$ 1,384.32	Per Year Per 18 Pays		