

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

Plan 1						
\$750 Deductible Max Out-of-Pocket \$1,650	Annual Cost	Corporation Contribution	Difference between Annual Cost & Corp Contribution	Employee Pays		
Employee Only Medical	\$ 9,384.00	\$ 4,568.16	\$ 4,815.84	\$ 4,815.84	Per Year	\$6,466 Total cost of maximum out of pocket and premium
				\$ 267.55	Per 18 Pays	
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 Year	
				\$ 76.91	Per 18 Pays	
Plan 2						
\$3000 Deductible Max Out-of-Pocket \$3,000	Annual Cost	Corporation Contribution	Difference between Annual Cost & Corp Contribution	Employee Pays		
Employee Only Medical	\$ 7,500.00	\$ 4,494.24	\$ 3,005.76	\$ 3,005.76	Per Year	\$6,006 Total cost of maximum out of pocket and premium
				\$ 167.00	Per 18 Pays	
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	\$ 460
Family Dental	\$ 1,384.32			\$ 1,384.32	Per Year	\$ 1,810
				\$ 76.91	Per 18 Pays	
Plan 3						
\$6000 Deductible Max Out-of-Pocket \$6,000	Annual Cost	Corporation Contribution	Difference between Annual Cost & Corp Contribution	Employee Pays		
Employee Only Medical	\$ 6,444.00	\$ 5,352.48	\$ 1,091.52	\$ 1,091.52	Per Year	\$7,092 Total cost of maximum out of pocket and premium
				\$ 60.64	Per 18 Pays	
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 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

Plan 1			Difference between		
\$1500 Deductible	Annual Cost	Corporation Contribution	Annual Cost & Corp Contribution	Employee Pays	
Max Out-of-Pocket \$3,300					
Medical Family	\$25,044.00	\$ 5,182.08	\$ 19,861.92	\$ 19,861.92 Per Year \$ 1,103.44 Per 18 Pays	\$23,162 Total cost of maximum out of pocket and premium
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 Year \$ 76.91 Per 18 Pays	
Plan 2			Difference between		
\$6000 Deductible	Annual Cost	Corporation Contribution	Annual Cost & Corp Contribution	Employee Pays	
Max Out-of-Pocket \$6,000					
Medical Family	\$20,208.00	\$ 4,992.48	\$ 15,215.52	\$ 15,215.52 Per Year \$ 845.31 Per 18 Pays	\$21,216 Total cost of maximum out of pocket and premium
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 Year \$ 76.91 Per 18 Pays	
Plan 3			Difference between		
\$12000 Deductible	Annual Cost	Corporation Contribution	Annual Cost & Corp Contribution	Employee Pays	
Max Out-of-Pocket \$12,000					
Medical Family	\$17,388.00	\$ 4,882.08	\$ 12,505.92	\$ 12,505.92 Per Year \$ 694.78 Per 18 Pays	\$24,506 Total cost of maximum out of pocket and premium
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 Year \$ 76.91 Per 18 Pays	