

**2023-2024 Insurance Costs**

BiWeekly 21 Deductions listed are for full year coverage. Deductions will be adjusted/prorated for mid year enrollment or plan changes.

| Health Insurance   | MONTHLY PREMIUM | YEARLY PREMIUM | EMPLOYEE DEDUCTION | MONTHLY DEDUCTION | BW 21 PAYMENT |
|--|-----------------|----------------|--------------------|-------------------|---------------|
| CASE ADMIN FAM 19%                                       | \$2,157.00      | \$25,884.00    | \$4,917.96         | \$409.83          | \$234.19      |
| CASE ADMIN IND 19%                                       | \$857.00        | \$10,284.00    | \$1,953.96         | \$162.83          | \$93.05       |
| CASE LTA FAM 49% of 18%                                  | \$2,102.00      | \$25,224.00    | \$2,224.76         | \$185.40          | \$105.94      |
| CASE LTA IND 49% of 18%                                  | \$834.00        | \$10,008.00    | \$882.71           | \$73.56           | \$42.03       |
| CASE MAINTENANCE FAMILY 16%                              | \$2,157.00      | \$25,884.00    | \$4,141.44         | \$345.12          | \$197.21      |
| CASE NURSE FAM 94% of 18%                                | \$2,102.00      | \$25,224.00    | \$4,267.90         | \$355.66          | \$203.23      |
| CASE NURSE IND 94% of 18%                                | \$834.00        | \$10,008.00    | \$1,693.35         | \$141.11          | \$80.64       |
| CASE PERCENT FAM 1% of Salary                            | \$2,157.00      | \$25,884.00    |                    |                   | \$0.00        |
| CASE PERCENT IND 1% Salary                               | \$857.00        | \$10,284.00    |                    |                   | \$0.00        |
| CASE SUPPORT FAM 13%                                     | \$2,157.00      | \$25,884.00    | \$3,364.92         | \$280.41          | \$160.23      |
| CASE SUPPORT IND 13%                                     | \$857.00        | \$10,284.00    | \$1,336.92         | \$111.41          | \$63.66       |
| CASE SUPERINTENDENT FAMILY 20%                           | \$2,157.00      | \$25,884.00    | \$5,176.80         | \$431.40          | \$246.51      |
| CASE TEACH FAM 18%                                       | \$2,102.00      | \$25,224.00    | \$4,540.32         | \$378.36          | \$216.21      |
| CASE TEACH IND 18%                                       | \$834.00        | \$10,008.00    | \$1,801.44         | \$150.12          | \$85.78       |
| CDPHP ADMIN FAM 19%                                      | \$2,705.01      | \$32,460.12    | \$6,167.42         | \$513.95          | \$293.69      |
| CDPHP ADMIN IND 19%                                      | \$1,082.00      | \$12,984.00    | \$2,466.96         | \$205.58          | \$117.47      |
| CDPHP LTA IND 49% of 18%                                 | \$1,082.00      | \$12,984.00    | \$1,145.19         | \$95.43           | \$54.53       |
| CDPHP LTA FAM 49% of 18%                                 | \$2,705.01      | \$32,460.12    | \$2,862.98         | \$238.58          | \$136.33      |
| CDPHP MAINT FAMILY 16%                                   | \$2,705.01      | \$32,460.12    | \$5,193.62         | \$432.80          | \$247.32      |
| CDPHP NURSE FAM 94% of 18%                               | \$2,705.01      | \$32,460.12    | \$5,492.25         | \$457.69          | \$261.54      |
| CDPHP NURSE IND 94% of 18%                               | \$1,082.00      | \$12,984.00    | \$2,196.89         | \$183.07          | \$104.61      |
| CDPHP PERCENT FAM 1% of Salary                           | \$2,705.01      | \$32,460.12    |                    |                   | \$0.00        |
| CDPHP PERCENT IND 1% Salary                              | \$1,082.00      | \$12,984.00    |                    |                   | \$0.00        |
| CDPHP SUPPORT FAM 13%                                    | \$2,705.01      | \$32,460.12    | \$4,219.82         | \$351.65          | \$200.94      |
| CDPHP SUPPORT IND 13%                                    | \$1,082.00      | \$12,984.00    | \$1,687.92         | \$140.66          | \$80.38       |
| CDPHP SUPERINTENDENT FAMILY 20%                          | \$2,705.01      | \$32,460.12    | \$6,492.02         | \$541.00          | \$309.14      |
| CDPHP TEACH IND 18%                                      | \$1,082.00      | \$12,984.00    | \$2,337.12         | \$194.76          | \$111.29      |
| CDPHP TEACH FAM 18%                                      | \$2,705.01      | \$32,460.12    | \$5,842.82         | \$486.90          | \$278.23      |
| Dental Insurance   | MONTHLY PREMIUM | YEARLY PREMIUM | EMPLOYEE DEDUCTION | MONTHLY DEDUCTION | BW 21 PAYMENT |
| DELTA 001 IND (Mid Level) Premium less \$17.04 per month | \$27.50         | \$330.00       | \$125.52           |                   | \$5.98        |
| DELTA 001 FAM (Mid Level) Premium less .333%             | \$79.17         | \$950.00       | \$633.65           |                   | \$30.17       |
| DELTA 001 FAM ADMIN (Mid Level) Premium less \$300.00    | \$79.17         | \$950.00       | \$650.00           |                   | \$30.95       |
| DELTA 002 IND (Low Level) Premium less \$17.04 per month | \$15.36         | \$184.34       | \$0.00             |                   | \$0.00        |
| DELTA 002 FAM (Low Level) Premium less .333%             | \$41.70         | \$500.35       | \$333.73           |                   | \$15.89       |
| ONC HIGH LEVEL IND Premium less \$215 per yer            | \$65.00         | \$780.00       | \$565.00           |                   | \$26.90       |
| ONC HIGH LEVEL TWO PERSON Premium less \$265 per year    | \$129.00        | \$1,548.00     | \$1,283.00         |                   | \$61.10       |
| ONC HIGH LEVEL FAMILY Premium less \$320 per year        | \$200.00        | \$2,400.00     | \$2,080.00         |                   | \$99.05       |