

EFFECTIVE JULY 1 2024

LERC PREMIUM PLAN	Family Medical	Family Dental	Family Vision	TOTAL FAMILY	Single Medical	Single Dental	Single Vision	TOTAL SINGLE
	\$2,520.32	\$78.88	\$8.44	\$2,607.64	\$1,008.11	\$29.77	\$3.07	\$1,040.95

CLASSIFIED (LERC 1) EMPLOYEE SHARE					
Hours Per Day	Board Share		Employee Share		Total Premium
<b>6 or more hours</b>					
Family Coverage	\$2,216.49	15%	\$391.15		\$2,607.64
Single Coverage	\$884.81	15%	\$156.14		\$1,040.95
<b>5 or more hours</b>					
Family Coverage	\$1,955.73	25%	\$651.91		\$2,607.64
Single Coverage	\$780.71	25%	\$260.24		\$1,040.95
<b>more hours, grandfathered</b>					
Family Coverage	\$1,303.82	50%	\$1,303.82		\$2,607.64
Single Coverage	\$520.48	50%	\$520.48		\$1,040.95

CERTIFIED 15%			
	Board Share	Employee Share	Total Premium
Family	\$2,216.49	\$391.15	\$2,607.64
Single	\$884.81	\$156.14	\$1,040.95

MINIMUM VALUE PLAN	Family Medical	Family Dental	Family Vision	TOTAL FAMILY	Single Medical	Single Dental	Single Vision	TOTAL SINGLE
	\$1,860.88	\$78.88	\$8.44	\$1,948.20	\$744.41	\$29.77	\$3.07	\$777.25

CLASSIFIED EMPLOYEE SHARE					
Hours Per Day	Board Share		Employee Share		Total Premium
<b>6 or more hours</b>					
Family Coverage	\$1,655.97	15%	\$292.23		\$1,948.20
Single Coverage	\$660.66	15%	\$116.59		\$777.25
<b>5 or more hours</b>					
Family Coverage	\$1,461.15	25%	\$487.05		\$1,948.20
Single Coverage	\$582.94	25%	\$194.31		\$777.25

CERT,ADMIN, SUPV, CLERICAL			
	Board Share	Employee Share	Total Premium
Family	\$1,655.97	\$292.23	\$1,948.20
Single	\$660.66	\$116.59	\$777.25