

BLUE CROSS PREMIUMS OPTION 1 350/950		BLUE CROSS PREMIUMS OPTION 2 1000/2000	
\$813.45	Total Monthly Premiums	\$772.65	Total Monthly Premiums
\$674.05	District Share	\$674.05	District Share
\$139.40	Employee Share	\$98.60	Employee Share
\$30.35	Dental Optional (Employee)	\$30.35	Dental Optional (Employee)
\$169.75	Add out of pocket	\$128.95	
	\$40.80		
EMPL. SPOUSE		EMPL. SPOUSE	
\$1,783.30	Total Monthly Premiums	\$1,693.65	Total Monthly Premiums
\$674.05	District Share	\$674.05	District Share
\$1,109.25	Employee Share	\$1,019.60	Employee Share
\$65.70	Dental Optional (Employee)	\$65.70	Dental Optional (Employee)
\$1,174.95	\$89.65	\$1,085.30	
EMPL. DEPENDENT		EMPL. DEPENDENT	
\$1,251.55	Total Monthly Premiums	\$1,188.80	Total Monthly Premiums
\$674.05	District Share	\$674.05	District Share
\$577.50	Employee Share	\$514.75	Employee Share
\$58.35	Dental Optional (Employee)	\$58.35	Dental Optional (Employee)
\$635.85	\$62.75	\$573.10	
EMP. DEPS		EMP. DEPS	
\$1,460.90	Total Monthly Premiums	\$1,387.95	Total Monthly Premiums
\$674.05	District Share	\$674.05	District Share
\$786.85	Employee Share	\$713.90	Employee Share
\$86.75	Dental Optional (Employee)	\$86.75	Dental Optional (Employee)
\$873.60	\$72.95	\$800.65	
FAMILY		FAMILY	
\$2,074.10	Total Monthly Premiums	\$1,970.15	Total Monthly Premiums
\$674.05	District Share	\$674.05	District Share
\$1,400.05	Employee Share	\$1,296.10	Employee Share
\$116.35	Dental Optional (Employee)	\$116.35	Dental Optional (Employee)
\$1,516.40	\$103.95	\$1,412.45	