

2018-19 Medical Benefit Worksheet

Certificated

Hrs per day	X Days per year	/1350	= % FTE	X \$772.89	= Subtotal	Minus \$16.47 Vision	Minus Choice of dental \$54.18 or \$91.21	= \$ your monthly amount paid by the district toward your choice of medical
				(\$843.97 less the HCA Retiree Subsidy)				

Classified

Hrs per day	X Days per year	/1440	= % FTE	X \$772.89	= Subtotal	Minus \$16.47 Vision	Minus Choice of dental \$54.18 or \$91.21	= \$ your monthly amount paid by the district toward your choice of medical
				(\$780 less the HCA Retiree Subsidy)				

	Example	Option 1	Option 2	Option 3
Monthly Allocation (from calculation above)	772.89			
Required Dental	- 91.21			
Required Vision	- 16.47			
Sub Balance	= 665.21			
Choice for Medical Plan Cost (EZ B)	- 699.59			
Balance	= -225.01			

A negative balance is the amount you owe per month.