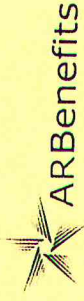


PUBLIC SCHOOL ACTIVE EMPLOYEES MONTHLY PREMIUMS

WITH WELLNESS

2018 Plan Year Rates - Effective January 1, 2018 - December 31, 2018



Premium	Base Monthly Premium	State and Plan Contribution	School District Contribution	Total Monthly Employee Cost
Employee Only	\$584.28	\$243.32	\$199.00	\$141.96
Employee & Spouse	\$1,362.48	\$373.78	\$199.00	\$789.70
Employee & Child(ren)	\$1,022.96	\$394.92	\$199.00	\$429.04
Employee & Family	\$1,801.16	\$810.22	\$199.00	\$791.94
Classic				
Employee Only	\$284.04	\$80.52	\$199.00	\$4.52
Employee & Spouse	\$627.22	\$115.10	\$199.00	\$313.12
Employee & Child(ren)	\$477.50	\$161.58	\$199.00	\$116.92
Employee & Family	\$820.68	\$304.86	\$199.00	\$316.82
Basic				
Employee Only	\$168.76	\$0.00	\$168.76	\$0.00
Employee & Spouse	\$430.28	\$0.00	\$199.00	\$231.28
Employee & Child(ren)	\$279.36	\$0.00	\$199.00	\$80.36
Employee & Family	\$433.12	\$0.00	\$199.00	\$234.12
The Basic plan meets the minimum essential coverage required under A.C.A.				

State Contribution is funded by Act 1842 of 2005 and Act 1421 of 2009

Plan Contribution is funded by PSE Trust Fund as Claims Reserve Allocation