

		<b>Benefit Program Options</b>									
		<b>Post-Ratification Benefit Eligible Employees</b>								<b>10.2014</b>	
		<b>2014-2015</b>									

Based on Keystone Point of Service Consortium Plan Elections and Cost Sharing as listed. District contribution toward employee coverage only.

Deductions will be made based on 22 pays. Costs are shown monthly.

**Keystone 15 POS w/ 5/30/50 RX**

		Employee 12%		Employee 16%		Employee 12%		Employee 12%	Employee	Employee
	Monthly	Cost Share Plus	Monthly	Cost Share Plus	Monthly	Cost Share Plus	Monthly	Cost Share Plus	Total Mthly	Annual
Level	Keystone	Dependent Cost	RX	Dependent Cost	Dental	Dependent Cost	Vision	Dependent Cost	Cost share	Cost Share
Single	\$525.11	\$63.01	\$196.82	\$31.49	\$29.50	\$3.54	\$2.27	\$0.27	\$98.32	\$1,179.80
P/C	\$732.00	\$269.90	\$393.48	\$228.15	\$72.50	\$46.54	\$5.65	\$3.65	\$548.25	\$6,578.96
P/Children	\$1,155.19	\$693.09	\$393.48	\$228.15	\$72.50	\$46.54	\$5.65	\$3.65	\$971.44	\$11,657.24
H/W	\$1,196.17	\$734.07	\$393.48	\$228.15	\$72.50	\$46.54	\$5.65	\$3.65	\$1,012.42	\$12,149.00
Family	\$1,553.12	\$1,091.02	\$393.48	\$228.15	\$72.50	\$46.54	\$5.65	\$3.65	\$1,369.37	\$16,432.40