

WASHTENAW ISD - FLEXIBLE COMPENSATION PLAN - TRANSPORTATION
Employee Contribution by Medical Plan Option

	<u>Employee % Contribution</u>	<u>Maximum Monthly Employer Contribution (\$)</u>	<u>Per Pay Employee Contribution (19 Pays)</u>		
			<u>CORE</u>	<u>OPTION II</u>	<u>OPTION III</u>
<u>30+ Hours (Full Year)</u>					
Single	0%	320.00	-	49.00	-
2 Person	20%	580.00	91.00	205.00	-
Family	20%	660.00	103.00	231.00	-
<u>30+ Hours (10 Months)</u>					
Single	10%	320.00	20.00	69.00	-
2 Person	25%	580.00	114.00	227.00	-
Family	25%	660.00	128.00	257.00	-
<u>20-30 Hours (10 Months)</u>					
Single	20%	320.00	40.00	89.00	-
2 Person	40%	580.00	182.00	296.00	45.00
Family	40%	660.00	206.00	334.00	51.00