

Appendix G.1 2016-17 Final Benefits Stipend for Employees

2015/16 Base Stipend Annual Amounts Includes 50% Cost Sharing Amounts - HMO	2016/17 Annual Plan Cost	Employer Contribution for 2016/17 Base Stipend Amount and Employee Monthly Cost					
<u>\$25-500 Medical Plan</u>		<u>Annual Incremental Cost Difference</u>	<u>Annual 50% Employer Paid</u>	<u>Annual 50% Employee Paid</u>	<u>Employee Monthly Cost (10thly)</u>	<u>Employee Monthly Cost (12thly)</u>	<u>District Contribution 2016/17 Stipend</u>
Single Stipend: \$10,428.84	Single Plan Cost: \$11,085.84	Single Plan Cost: \$657.00	\$328.50	\$328.50	\$32.85	\$27.38	\$10,757.34
2-Person Stipend: \$19,978.82	2-Person Plan Cost: \$21,243.12	2-Person Plan Cost: \$1,264.30	\$632.15	\$632.15	\$63.22	\$52.68	\$20,610.97
Family Stipend: \$28,015.95	Family Plan Cost: \$29,799.12	Family Plan Cost: \$1,783.17	\$891.59	\$891.59	\$89.16	\$74.30	\$28,907.54
Monthly Stipend Calculations: Does not include 50% Cost Sharing Amounts	Monthly Stipend Calculations*:						
Single Stipend: \$786.03 single medical ¹ 67.29 single dental 13.88 life insurance & AD&D 29.65 income protection \$896.85	Single Stipend: \$813.00 single medical 67.29 single dental 13.88 life insurance & AD&D 29.65 income protection \$923.82						
2-Person Stipend: \$1,541.48 2-person medical ² 132.73 2-person dental 13.88 life insurance & AD&D 29.65 income protection \$1,717.74	2-Person Stipend: \$1,594.00 2-person medical 132.73 2-person dental 13.88 life insurance & AD&D 29.65 income protection \$1,770.26						
Family Stipend: \$2,171.54 family medical ³ 196.73 family dental 13.88 life insurance & AD&D 29.65 income protection \$2,411.80	Family Stipend: \$2,243.00 family medical 196.73 family dental 13.88 life insurance & AD&D 29.65 income protection \$2,483.26						

*Medical increase for 2016-17 rates are as follows: Rate increase of 2.62% for the HMO \$25-500 based on 2015-16 actual rates (see rates below).

Dental rate pass for 2016-17; above reflects 2015/16 rates. There will not be an increase in the life or disability insurance rates given a 2-year rate renewal (rate pass).

Stipend amounts are based on the HMO (\$25-500) medical plan, dental, life and disability plan costs.

¹2015/16 final single rate = \$792.00

²2015/16 final 2-person rate = \$1,554.00

³2015/16 final family rate = \$2,186.00