

**MAYFIELD CITY SCHOOL DISTRICT  
FRINGE BENEFITS MONTHLY COST SUMMARY  
FOOD SERVICE EMPLOYEES**

**Effective July 1, 2020 through June 30, 2021**

**Health Premiums Collected over 9.5 Months (September-June 15th) for 12 Months of Coverage (see notation below)\***

TYPE OF COVERAGE	TOTAL MONTHLY PREMIUM	Annual Premium (x 12)	Annual Premium paid over 9.5 months	EMPLOYEE DEDUCTION PER MONTH			
				10%	35%	40%	50%
Contract hours paid per week:				32.5 & up	27.5 to under 32.5	24.5 to under 27.5	20 to under 24.5
<b>Medical and Rx - Medical Mutual of Ohio - Super Med Plus</b>							
Single	872.66	10,471.92	1,102.31	116.87	390.60	445.35	554.84
Family	2,328.26	27,939.12	2,940.96	311.80	1,042.12	1,188.18	1,480.31
<b>Dental - Coresource (Oasis Trust)</b>							
Single	53.80	645.60	67.96	6.80	23.79	27.18	33.98
Family	136.91	1,642.92	172.94	17.29	60.53	69.18	86.47
<b>Vision - Medical Mutual of Ohio</b>							
Single	7.65	91.80	9.66	0.97	3.38	3.86	4.83
Family	19.15	229.80	24.19	2.42	8.47	9.68	12.09
<b>Life Insurance - Medical Mutual of Ohio</b>							
	5.30			0.00	0.00	0.00	0.00
Cost per month:	TOTAL	Annual	Annual paid over 10 months	10%	35%	40%	50%
<b>TOTAL COST PER MONTH - ALL PLANS (EMPLOYEE PORTION ONLY)</b>							
Med,Rx,Dent,Vis,Life							
Single	939.41	11,209.32	1,179.93	124.64	417.77	476.39	593.65
Family	2,489.62	29,811.84	3,138.09	331.51	1,111.12	1,267.04	1,578.87

The employee portion of the premium will be deducted each pay:

	10%	35%	40%	50%
<b>single plan</b>				
Medical and Prescription Drug	58.43	195.30	222.68	277.42
Dental	3.40	11.90	13.59	16.99
Vision	0.49	1.69	1.93	2.42
<b>family plan</b>				
Medical and Prescription Drug	155.90	521.06	594.09	740.16
Dental	8.65	30.27	34.59	43.24
Vision	1.21	4.24	4.84	6.05