

**MAYFIELD CITY SCHOOL DISTRICT
FRINGE BENEFITS MONTHLY COST SUMMARY
MASP - Transportation/Bus Drivers and Monitors
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 PREMIUM	Annual Premium	Annual Premium paid over 9.5 months	FULL TIME			
				10%	20%	30%	40%
				EMPLOYEE DEDUCTION PER MONTH			
Contract hours paid per week:				32.5 and greater	27.5 to under 32.5	24.5 to under 27.5	20 to under 24.5
Medical and Rx - Medical Mutual of Ohio - Super Med Plus							
Single	872.66	10,471.92	1,102.31	116.87	226.37	335.86	445.35
Family	2,328.26	27,939.12	2,940.96	311.80	603.93	896.06	1,188.18
Dental - Coresource (Oasis Trust)							
Single	53.80	645.60	67.96	6.81	13.59	20.39	27.17
Family	136.91	1,642.92	172.94	17.28	34.59	51.87	69.18
Vision - Medical Mutual of Ohio							
Single	7.65	91.80	9.66	0.98	1.94	2.90	3.87
Family	19.15	229.80	24.19	2.43	4.85	7.26	9.68
Life Insurance - Medical Mutual of Ohio							
	5.30			0.00	0.00	0.00	0.00
Cost per month:	TOTAL			10%	20%	30%	40%
Med,Rx,Dent,Vis,Life				TOTAL COST PER MONTH - ALL PLANS (EMPLOYEE PORTION ONLY)			
Single	939.41	11,209.32	1,179.93	124.66	241.90	359.15	476.39
Family	2,489.62	29,811.84	3,138.09	331.51	643.37	955.19	1,267.04

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

	10%	20%	30%	40%
single plan				
Medical and Prescription Drug	58.43	113.19	167.93	222.68
Dental	3.41	6.80	10.20	13.59
Vision	0.49	0.97	1.45	1.94
family plan				
Medical and Prescription Drug	155.90	301.97	448.03	594.09
Dental	8.64	17.30	25.94	34.59
Vision	1.22	2.43	3.63	4.84