

**MAYFIELD CITY SCHOOL DISTRICT
FRINGE BENEFITS MONTHLY COST SUMMARY
MASP - Transportation/Custodial Employees
Effective July 1, 2020 through June 30, 2021**

| | | FULL TIME | | | |
|--|---------------|---|--------------------|--------------------|------------------|
| TYPE OF COVERAGE | TOTAL PREMIUM | 10% | 20% | 30% | 40% |
| | | EMPLOYEE DEDUCTION PER MONTH | | | |
| 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 |
| Medical and Prescription Drug - Medical Mutual of Ohio - Super Med Plus | | | | | |
| Single | 872.66 | 92.52 | 179.21 | 265.89 | 352.57 |
| Family | 2,328.26 | 246.84 | 478.11 | 709.38 | 940.65 |
| Dental - Coresource (Oasis Trust) | | | | | |
| Single | 53.80 | 5.38 | 10.76 | 16.14 | 21.52 |
| Family | 136.91 | 13.68 | 27.38 | 41.07 | 54.75 |
| Vision - Medical Mutual of Ohio | | | | | |
| Single | 7.65 | 0.77 | 1.53 | 2.29 | 3.06 |
| Family | 19.15 | 1.92 | 3.83 | 5.74 | 7.66 |
| 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 | 98.67 | 191.50 | 284.32 | 377.15 |
| Family | 2,489.62 | 262.44 | 509.32 | 756.19 | 1,003.06 |

Employee portion of the premium will be deducted each pay. The amount to be deducted in 24 equal installments is:

| | 10% | 20% | 30% | 40% |
|-------------------------------|----------|----------|----------|----------|
| | Employee | Employee | Employee | Employee |
| single plan | | | | |
| Medical and Prescription Drug | 46.26 | 89.61 | 132.95 | 176.29 |
| Dental | 2.69 | 5.38 | 8.07 | 10.76 |
| Vision | 0.39 | 0.77 | 1.15 | 1.53 |
| family plan | | | | |
| Medical and Prescription Drug | 123.42 | 239.06 | 354.69 | 470.33 |
| Dental | 6.84 | 13.69 | 20.54 | 27.38 |
| Vision | 0.96 | 1.92 | 2.87 | 3.83 |