

## MAYFIELD CITY SCHOOL DISTRICT FRINGE BENEFITS MONTHLY COST SUMMARY-MEA & MEAESP Effective July 1, 2020 through June 30, 2021

**Part time certified teachers:** Fringe benefits shall be calculated on contract % for employees working 1/2 time or more based on the full time schedule except life insurance which is \$50,000 for all contracted employees.

TYPE OF COVERAGE	TOTAL PREMIUM	Full Time <-----CLASSIFIED EMPLOYEES----->			
		10%	35%	40%	50%
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
<b>Medical and Prescription Drug - Medical Mutual of Ohio - Super Med Plus</b>					
Single	872.66	92.52	309.23	352.57	439.25
Family	2,328.26	246.84	825.01	940.65	1,171.92
<b>Dental - Coresource (Oasis Trust)</b>					
Single	53.80	5.38	18.83	21.52	26.90
Family	136.91	13.68	47.92	54.75	68.45
<b>Vision - Medical Mutual of Ohio</b>					
Single	7.65	0.77	2.68	3.06	3.82
Family	19.15	1.92	6.70	7.66	9.57
<b>Life Insurance - Medical Mutual of Ohio</b>					
	5.30	0.00	0.00	0.00	0.00
Cost per month:	<b>TOTAL</b>	<b>10%</b>	<b>35%</b>	<b>40%</b>	<b>50%</b>
Med,Rx,Dent,Vis,Life		<b>TOTAL COST PER MONTH - ALL PLANS (EMPLOYEE PORTION ONLY)</b>			
Single	939.41	98.67	330.74	377.15	469.97
Family	2,489.62	262.44	879.63	1,003.06	1,249.94

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

	10%	35%	40%	50%
<b>single plan</b>	Employee	Employee	Employee	Employee
Medical and Prescription Drug	46.26	154.62	176.29	219.63
Dental	2.69	9.42	10.76	13.45
Vision	0.39	1.34	1.53	1.91
<b>family plan</b>	Employee	Employee	Employee	Employee
Medical and Prescription Drug	123.42	412.51	470.33	585.96
Dental	6.84	23.96	27.38	34.23
Vision	0.96	3.35	3.83	4.79