

2018 Employer/Employee Shares Health Insurance Plan Monthly Rates

WCA – Group Health Trust

| Single | District 90% | EE | District 50% | EE | District 25% | EE |
|--------------------|-------------------------|-----------------|-------------------------|-----------------|-------------------------|-----------------|
| \$416.50 | \$374.85 | \$41.65 | \$208.25 | \$208.25 | \$104.12 | \$312.38 |
| Family Plan | District 90% | EE | District 50% | EE | District 25% | EE |
| \$1086.00 | \$977.40 | \$108.60 | \$543.00 | \$543.00 | \$271.50 | \$814.50 |

| Hours Requirements (JSSF) | Hours Requirements (JEA) |
|----------------------------------|-----------------------------------|
| 90% = 1302 and over | 90% = 2/3rds time or more |
| 50% = 1044-1301 | Proration = less than 2/3rds time |
| 25% = less than 1044 | |