

**Galion City School District  
Wyandot Crawford County  
Health Benefit Fund  
New Rates Effective 1/1/2016**

	Current Plan	Plan A	Plan B	Plan C
<b>Per Month Costs - Single</b>	\$ 576.34	\$ 540.55	\$ 479.25	\$ 450.99
Employee Cost per Pay	28.82	27.03	23.96	22.55

	Current Plan	Plan A	Plan B	Plan C
<b>Per Month Costs - EE + 1</b>	\$ 1,314.06	\$ 1,232.47	\$ 1,092.69	\$ 1,028.26
Employee Cost per Pay	65.70	61.62	54.63	51.41

	Current Plan	Plan A	Plan B	Plan C
<b>Per Month Costs - Family</b>	\$ 1,836.23	\$ 1,722.21	\$ 1,526.89	\$ 1,436.86
Employee Cost per Pay	91.81	86.11	76.34	71.84