

FRISCO ISD

EMPLOYEE MONTHLY MEDICAL PREMIUM COSTS

Effective Date: 10/1/2010 - 9/30/2011

| | Plan A | Plan B | Plan C | Plan D |
|-----------------|---------|--------|--------|--------|
| Employee (EE) | \$400 | \$120 | \$75 | \$20 |
| EE + Spouse | \$1,000 | \$520 | \$400 | \$165 |
| EE + Child(ren) | \$950 | \$400 | \$295 | \$170 |
| EE + Family | \$1,400 | \$725 | \$475 | \$295 |