

FRISCO ISD

EMPLOYEE MONTHLY MEDICAL PREMIUM COSTS

Effective Date: 10/1/09 - 9/30/10

	Plan A	Plan B	Plan C	Plan D
Employee (EE)	\$400	\$90	\$60	\$10
EE + Spouse	\$1,000	\$460	\$325	\$120
EE + Child(ren)	\$950	\$425	\$315	\$155
EE + Family	\$1,400	\$650	\$425	\$205