

2017 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - Blue Cross Blue Shield Effective January 1, 2017 through December 31, 2017

Option 1 \$1000/\$3,000 CMM Plan

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$602.70	\$602.70	\$602.70	\$602.70	\$602.70	\$602.70
Board Contribution:	<u>\$529.69</u>	<u>\$370.78</u>	<u>\$331.06</u>	<u>\$317.81</u>	<u>\$291.33</u>	<u>\$264.85</u>
SINGLE: Employee Cost per Month:	\$73.01	\$231.92	\$271.64	\$284.89	\$311.37	\$337.86
Full Premium:	\$1,629.32	\$1,629.32	\$1,629.32	\$1,629.32	\$1,629.32	\$1,629.32
Board Contribution:	<u>\$1,347.55</u>	<u>\$943.29</u>	<u>\$842.22</u>	<u>\$808.53</u>	<u>\$741.15</u>	<u>\$673.78</u>
FAMILY Employee Cost per Month:	\$281.77	\$686.04	\$787.10	\$820.79	\$888.17	\$955.55

Option 2 Health Reimbursement Account (HRA) - HRA account is funded each January and each July

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$598.92	\$598.92	\$598.92	\$598.92	\$598.92	\$598.92
Board Contribution:	\$529.69	\$370.78	\$331.06	\$317.81	\$291.33	\$264.85
HRA Funding	<u>\$62.50</u>	<u>\$62.50</u>	<u>\$62.50</u>	<u>\$62.50</u>	<u>\$62.50</u>	<u>\$62.50</u>
*** Net District Contribution:	\$467.19	\$308.28	\$268.56	\$255.31	\$228.83	\$202.35
SINGLE: Employee Cost per Month:	\$131.73	\$290.64	\$330.36	\$343.61	\$370.09	\$396.58
Full Premium:	\$1,616.90	\$1,616.90	\$1,616.90	\$1,616.90	\$1,616.90	\$1,616.90
Board Contribution:	\$1,347.55	\$943.29	\$842.22	\$808.53	\$741.15	\$673.78
HRA Funding	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$125.00</u>
**** Net District Contribution	\$1,222.55	\$818.29	\$717.22	\$683.53	\$616.15	\$548.78
FAMILY Employee Cost per Month:	\$394.35	\$798.62	\$899.68	\$933.37	\$1,000.75	\$1,068.13

District Funds 50% of the HRA Deductible (\$750.00/single or \$1,500/family)

*****Single**= \$750.00/12 = \$62.50/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$529.69. The \$62.50/mo. that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$529.69 - \$62.50 = \$467.19 to be paid by the District towards the monthly premium.

******Family** = \$1,500/12 = \$125.00/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,347.55. The \$125.00/mo. that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,347.55 - \$125.00 = \$1,222.55 to be paid by the District towards the monthly premium.

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DENTAL - Delta Dental - Rates Effective January 1, 2017 through December 31, 2017

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$38.07	\$38.07	\$38.07	\$38.07	\$38.07	\$38.07
<u>Board Contribution:</u>	<u>\$28.20</u>	<u>\$19.74</u>	<u>\$17.63</u>	<u>\$16.92</u>	<u>\$15.51</u>	<u>\$14.10</u>
SINGLE Employee Cost per Month:	\$9.87	\$18.33	\$20.45	\$21.15	\$22.56	\$23.97
Full Premium:	\$112.21	\$112.21	\$112.21	\$112.21	\$112.21	\$112.21
<u>Board Contribution:</u>	<u>\$64.34</u>	<u>\$45.04</u>	<u>\$40.21</u>	<u>\$38.60</u>	<u>\$35.39</u>	<u>\$32.17</u>
FAMILY Employee Cost per Month:	\$47.87	\$67.17	\$72.00	\$73.61	\$76.82	\$80.04

Note: The NEA Agreement prorates benefits payable to those employees who work .5 FTE to less than .75FTE, commensurate with the amount of time the teacher works. Teachers working part-time 1st Semester 93-94, who were enrolled in health/dental benefits, shall continue to receive their benefits paid as per a full time teacher. Also, teachers who were employed full time 1st Semester 93-94, and enrolled in health/dental insurance, and whose contracts are subsequently involuntarily reduced, shall continue to receive their benefits paid as per a full time teacher.