

2017 INSURANCE PREMIUM RATE SCHEDULE

Community Services Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2017 through December 31, 2017

Option 1 HEALTH INSURANCE: Blue Cross Blue Shield - \$1000/\$3000 CMM Plan

COST PER MONTH:

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
SINGLE	Employee Share:	\$73.01	\$284.89
	Board Contribution:	\$529.69	\$317.81
	Total Premium:	\$602.70	\$602.70
FAMILY	Employee Share:	\$281.77	\$820.79
	Board Contribution:	\$1,347.55	\$808.53
	Total Premium:	\$1,629.32	\$1,629.32

Option 2 HEALTH INSURANCE: Blue Cross Blue Shield - Health Reimbursement Account

COST PER MONTH:

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
	Total Premium:	\$598.92	\$598.92
	Board Contribution:	\$529.69	\$317.81
	HRA Funding	<u>\$62.50</u>	<u>\$62.50</u>
***	Net District Contribution	\$467.19	\$255.31
SINGLE	Employee Share:	\$131.73	\$343.61
	Total Premium:	\$1,616.90	\$1,616.90
	Board Contribution:	\$1,347.55	\$808.53
	HRA Funding	<u>\$125.00</u>	<u>\$125.00</u>
****	Net District Contribution	\$1,222.55	\$683.53
FAMILY	Employee Share:	\$394.35	\$933.37

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 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 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.

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

A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
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COST PER MONTH:

SINGLE	Employee Share:	\$9.87	\$21.15
	Board Contribution:	\$28.20	\$16.92
	Total Premium:	\$38.07	\$38.07

FAMILY	Employee Share:	\$47.87	\$73.61
	Board Contribution:	\$64.34	\$38.60
	Total Premium:	\$112.21	\$112.21