

2018 INSURANCE PREMIUM RATE SCHEDULE

Community Services Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2018 through December 31, 2018

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

COST PER MONTH:

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

SINGLE	Employee Share:	\$23.01	\$214.89
	Board Contribution:	\$479.69	\$287.81
	Total Premium:	\$502.70	\$502.70
FAMILY	Employee Share:	\$231.77	\$750.79
	Board Contribution:	\$1,297.55	\$778.53
	Total Premium:	\$1,529.32	\$1,529.32

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

COST PER MONTH:

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

	Total Premium:	\$498.92	\$498.92
	Board Contribution:	\$479.69	\$287.81
	HRA Funding	<u>\$62.50</u>	<u>\$62.50</u>
***	Net District Contribution	\$417.19	\$225.31
SINGLE	Employee Share:	\$81.73	\$273.61
	Total Premium:	\$1,516.90	\$1,516.90
	Board Contribution:	\$1,297.55	\$778.53
	HRA Funding	<u>\$125.00</u>	<u>\$125.00</u>
****	Net District Contribution	\$1,172.55	\$653.53
FAMILY	Employee Share:	\$344.35	\$863.37

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 \$479.69. The \$62.50 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$479.69 - \$62.50 = \$417.19 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 \$1,297.55. The \$125.00 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,297.55 - \$125.00 = \$1,172.55 to be paid by the District towards the monthly premium.

DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2018 through December 31, 2018

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

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

VISION COVERAGE

Employee Only	\$7.88/month
Employee + Spouse	\$12.60/month
Employee + Children	\$12.86/month
Family	\$20.74/month

* = Insurance premiums for employees not working year round are divided equally over 16 pay periods each year.