

2018 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - Blue Cross Blue Shield

Effective January 1, 2018 through December 31, 2018

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

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$502.70	\$502.70	\$502.70	\$502.70	\$502.70	\$502.70
Board Contribution:	<u>\$479.69</u>	<u>\$335.78</u>	<u>\$299.81</u>	<u>\$287.81</u>	<u>\$263.83</u>	<u>\$239.85</u>
SINGLE Employee Cost per Month:	\$23.01	\$166.92	\$202.89	\$214.89	\$238.87	\$262.86
Full Premium:	\$1,529.32	\$1,529.32	\$1,529.32	\$1,529.32	\$1,529.32	\$1,529.32
Board Contribution:	<u>\$1,297.55</u>	<u>\$908.29</u>	<u>\$810.97</u>	<u>\$778.53</u>	<u>\$713.65</u>	<u>\$648.78</u>
FAMIL' Employee Cost per Month:	\$231.77	\$621.04	\$718.35	\$750.79	\$815.67	\$880.55

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:	\$498.92	\$498.92	\$498.92	\$498.92	\$498.92	\$498.92
Board Contribution:	\$479.69	\$335.78	\$299.81	\$287.81	\$263.83	\$239.85
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:	\$417.19	\$273.28	\$237.31	\$225.31	\$201.33	\$177.35
SINGLE Employee Cost per Month:	\$81.73	\$225.64	\$261.61	\$273.61	\$297.59	\$321.58
Full Premium:	\$1,516.90	\$1,516.90	\$1,516.90	\$1,516.90	\$1,516.90	\$1,516.90
Board Contribution:	\$1,297.55	\$908.29	\$810.97	\$778.53	\$713.65	\$648.78
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	\$1,172.55	\$783.29	\$685.97	\$653.53	\$588.65	\$523.78
FAMIL' Employee Cost per Month:	\$344.35	\$733.62	\$830.93	\$863.37	\$928.25	\$993.13

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 \$479.69. The \$62.50/mo. 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/mo. 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.

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

	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>
FAMIL' 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.

VISION COVERAGE

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