

**2019 INSURANCE PREMIUM SCHEDULE**

Teachers

**HEALTH INSURANCE - Blue Cross Blue Shield      Effective January 1, 2019 through December 31, 2019**

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

	<b>1.0 FTE</b>	<b>.7 FTE</b>	<b>.625 FTE</b>	<b>.6 FTE</b>	<b>.55 FTE</b>	<b>.5 FTE</b>
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>
<b>SINGL Employee Cost per Month:</b>	<b>\$23.01</b>	<b>\$166.92</b>	<b>\$202.89</b>	<b>\$214.89</b>	<b>\$238.87</b>	<b>\$262.86</b>
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>
<b>FAMIL' Employee Cost per Month:</b>	<b>\$231.77</b>	<b>\$621.04</b>	<b>\$718.35</b>	<b>\$750.79</b>	<b>\$815.67</b>	<b>\$880.55</b>

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

	<b>1.0 FTE</b>	<b>.7 FTE</b>	<b>.625 FTE</b>	<b>.6 FTE</b>	<b>.55 FTE</b>	<b>.5 FTE</b>
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
<b>SINGL Employee Cost per Month:</b>	<b>\$81.73</b>	<b>\$225.64</b>	<b>\$261.61</b>	<b>\$273.61</b>	<b>\$297.59</b>	<b>\$321.58</b>
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
<b>FAMIL' Employee Cost per Month:</b>	<b>\$344.35</b>	<b>\$733.62</b>	<b>\$830.93</b>	<b>\$863.37</b>	<b>\$928.25</b>	<b>\$993.13</b>

**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.

**TEACHERS - PAGE 2**

**DENTAL - Delta Dental - Rates Effective January 1, 2019 through December 31, 2019**

	<b>1.0 FTE</b>	<b>.7 FTE</b>	<b>.625 FTE</b>	<b>.6 FTE</b>	<b>.55 FTE</b>	<b>.5 FTE</b>
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>
<b>SINGL Employee Cost per Month:</b>	<b>\$9.87</b>	<b>\$18.33</b>	<b>\$20.45</b>	<b>\$21.15</b>	<b>\$22.56</b>	<b>\$23.97</b>

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>
<b>FAMIL' Employee Cost per Month:</b>	<b>\$47.87</b>	<b>\$67.17</b>	<b>\$72.00</b>	<b>\$73.61</b>	<b>\$76.82</b>	<b>\$80.04</b>

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**

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