

**2018 INSURANCE PREMIUM RATE SCHEDULE**

**Admin - Cabinet; Admin - Director; Community Services Coordinators; Confidential; Custodians; Head Custodians; Child Nutrition; Maintenance/Grnds/Electrical Coordinators; Nurses; COTA/Speech Language; Office Employees; Other Staff; Principals; Superintendent; Technology; Educational Assistants \***

**HEALTH INSURANCE - Blue Cross Blue Shield - Rates Effective January 1, 2018 through December 31, 2018**

**Option 1 HEALTH INSURANCE: \$1000/\$3000 CMM Plan**

COST PER MONTH:		<b>A: 6-8 hrs/dy 30-40 hrs/wk</b>	<b>B: 5-&lt;6 hrs/dy 25-&lt;30 hrs/wk</b>	<b>C: 4-&lt;5 hrs/dy 20-&lt;25 hrs/wk</b>
<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$23.01</b>	<b>\$214.89</b>	<b>\$262.86</b>
	Board Contribution:	\$479.69	\$287.81	\$239.85
	<b>Total Premium:</b>	<b>\$502.70</b>	<b>\$502.70</b>	<b>\$502.70</b>
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$231.77</b>	<b>\$750.79</b>	<b>\$880.55</b>
	Board Contribution:	\$1,297.55	\$778.53	\$648.78
	<b>Total Premium:</b>	<b>\$1,529.32</b>	<b>\$1,529.32</b>	<b>\$1,529.32</b>

**Option 2 HEALTH INSURANCE: Health Reimbursement Account**

COST PER MONTH:		<b>A: 6-8 hrs/dy 30-40 hrs/wk</b>	<b>B: 5-&lt;6 hrs/dy 25-&lt;30 hrs/wk</b>	<b>C: 4-&lt;5 hrs/dy 20-&lt;25 hrs/wk</b>
	Total Premium:	\$498.92	\$498.92	\$498.92
	Board Contribution:	\$479.69	\$287.81	\$239.85
	HRA Funding	<u>\$62.50</u>	<u>\$62.50</u>	<u>\$62.50</u>
***	Net District Contribution	\$417.19	\$225.31	\$177.35
<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$81.73</b>	<b>\$273.61</b>	<b>\$321.58</b>
	Total Premium:	\$1,516.90	\$1,516.90	\$1,516.90
	Board Contribution:	\$1,297.55	\$778.53	\$648.78
	HRA Funding	<u>\$125.00</u>	<u>\$125.00</u>	<u>\$125.00</u>
****	Net District Contribution	\$1,172.55	\$653.53	\$523.78
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$344.35</b>	<b>\$863.37</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 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.

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

**Admin - Cabinet; Admin - Director; Community Services Coordinators; Confidential; Custodians; Head Custodians; Child Nutrition; Maintenance/Grnds/Electrical Coordinators; Nurses; COTA/Speech Language; Office Employees; Other Staff; Principals; Superintendent; Technology; Educational Assistants \***

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

<b>A: 6-8 hrs/dy 30-40 hrs/wk</b>	<b>B: 5-&lt;6 hrs/dy 25-&lt;30 hrs/wk</b>	<b>C: 4-&lt;5 hrs/dy 20-&lt;25 hrs/wk</b>
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**COST PER MONTH:**

<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$9.87</b>	<b>\$21.15</b>	<b>\$23.97</b>
	Board Contribution:	\$28.20	\$16.92	\$14.10
	Total Premium:	\$38.07	\$38.07	\$38.07

<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$47.87</b>	<b>\$73.61</b>	<b>\$80.04</b>
	Board Contribution:	\$64.34	\$38.60	\$32.17
	Total Premium:	\$112.21	\$112.21	\$112.21

**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>

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