2019 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, 2019 through December 31, 2019

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

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

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

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

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

COST PER MONTH:

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk
SINGLE	**Employee Share:**	**$9.87**	**$21.15**	**$23.97**
	Board Contribution:	$28.20	$16.92	$14.10
	Total Premium:	$38.07	$38.07	$38.07
FAMILY	**Employee Share:**	**$47.87**	**$73.61**	**$80.04**
	Board Contribution:	$64.34	$38.60	$32.17
	Total Premium:	$112.21	$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.