

**2021 INSURANCE PREMIUM RATE SCHEDULE**

**Community Services Staff**

**HEALTH INSURANCE RATES EFFECTIVE January 1, 2021 through December 31, 2021**

**Option 1 HEALTH INSURANCE: Medica - \$1500/\$3000 CMM Plan**

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
		<b>SINGLE</b>	<b>Employee Share:</b>
	Board Contribution:	\$479.69	\$287.81
	Total Premium:	\$527.64	\$527.64
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$308.24</b>	<b>\$827.26</b>
	Board Contribution:	\$1,297.55	\$778.53
	Total Premium:	\$1,605.79	\$1,605.79

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

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
			Total Premium:
	Board Contribution:	\$479.69	\$287.81
	HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>
***	Net District Contribution	\$396.36	\$204.48
<b>SINGLE</b>	<b>Employee Share:</b>	<b>\$127.51</b>	<b>\$319.39</b>
	Total Premium:	\$1,592.73	\$1,592.73
	Board Contribution:	\$1,297.55	\$778.53
	HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>
****	Net District Contribution	\$1,130.88	\$611.86
<b>FAMILY</b>	<b>Employee Share:</b>	<b>\$461.85</b>	<b>\$980.87</b>

**District Funds 50% of the HRA Deductible (\$1,000/single or \$2,000/family)**

\*\*\***Single**= \$1,000/12 = \$83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$479.69. The \$83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$479.69 - \$83.33 = \$396.36 to be paid by the District towards the monthly premium.

\*\*\*\***Family** = \$2,000/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,297.55. The \$166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,297.55 - \$166.67 = \$1,130.88 to be paid by the District towards the monthly premium.

**DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2021 through December 31, 2021**

<b>A: 6-8 hrs/dy 30-40 hrs/wk</b>	<b>B: 4-&lt;6 hrs/dy 20-&lt;30 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>
	Board Contribution:	\$28.20	\$16.92
	Total Premium:	\$38.07	\$38.07

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