

2021 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - MEDICA

Effective January 1, 2021 through December 31, 2021

Option 1 \$1500/\$3,000 CMM Plan

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$527.84	\$527.84	\$527.84	\$527.84	\$527.84	\$527.84
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>
SINGL Employee Cost per Month:	\$48.15	\$192.06	\$228.03	\$240.03	\$264.01	\$288.00
Full Premium:	\$1,605.79	\$1,605.79	\$1,605.79	\$1,605.79	\$1,605.79	\$1,605.79
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:	\$308.24	\$697.51	\$794.82	\$827.26	\$892.14	\$957.02

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:	\$523.87	\$523.87	\$523.87	\$523.87	\$523.87	\$523.87
Board Contribution:	\$479.69	\$335.78	\$299.81	\$287.81	\$263.83	\$239.85
HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>
*** Net District Contribution:	\$396.36	\$252.45	\$216.48	\$204.48	\$180.50	\$156.52
SINGL Employee Cost per Month:	\$127.51	\$271.42	\$307.39	\$319.39	\$343.37	\$367.36
Full Premium:	\$1,592.75	\$1,592.75	\$1,592.75	\$1,592.75	\$1,592.75	\$1,592.75
Board Contribution:	\$1,297.55	\$908.29	\$810.97	\$778.53	\$713.65	\$648.78
HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>
**** Net District Contribution	\$1,130.88	\$741.62	\$644.30	\$611.86	\$546.98	\$482.11
FAMIL Employee Cost per Month:	\$461.87	\$851.14	\$948.45	\$980.89	\$1,045.77	\$1,110.65

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

*****Single**= \$1,000.00/12 = \$83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$479.69. The \$83.33/mo. 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** = \$2,000.00/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,297.55. The \$166.67/mo. 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.

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

	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>
SINGL 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