

## 2022 INSURANCE PREMIUM RATE SCHEDULE

### Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2022 through December 31, 2022

#### 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
SINGLE	Employee Share:	\$131.96	\$343.10
	Board Contribution:	\$527.84	\$316.70
	Total Premium:	\$659.80	\$659.80
Single Cost Per Check with Year Round Deductions		\$65.98	\$171.55
Single Cost Per Check with 16 Pay Periods Deductions		\$98.97	\$257.32
FAMILY	Employee Share:	\$401.45	\$1,043.77
	Board Contribution:	\$1,605.79	\$963.47
	Total Premium:	\$2,007.24	\$2,007.24
Family Cost Per Check with Year Round Deductions		\$200.73	\$521.88
Family Cost Per Check with 16 Pay Periods Deductions		\$301.09	\$782.82

#### 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:	\$654.84	\$654.84
	Board Contribution:	\$527.84	\$316.70
	HRA Funding	\$83.33	\$83.33
	Net District Contribution	\$444.51	\$233.37
	Employee Share:	\$210.33	\$421.47
Single Cost Per Check with Year Round Deductions		\$105.17	\$210.73
Single Cost Per Check with 16 Pay Periods Deductions		\$157.75	\$316.10
****	Total Premium:	\$1,990.94	\$1,990.94
	Board Contribution:	\$1,605.79	\$963.47
	HRA Funding	\$166.67	\$166.67
	Net District Contribution	\$1,439.12	\$796.80
	Employee Share:	\$551.82	\$1,194.14
Family Cost Per Check with Year Round Deductions		\$275.91	\$597.07
Family Cost Per Check with 16 Pay Periods Deductions		\$413.87	\$895.60

#### **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.

\*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.

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**DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2022 through December 31, 2022**

<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
Single Cost Per Check with Year Round Deductions		\$4.94	\$10.58
Single Cost Per Check with 16 Pay Periods Deductions		\$7.40	\$15.86
<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
Family Cost Per Check with Year Round Deductions		\$23.94	\$36.80
Family Cost Per Check with 16 Pay Periods Deductions		\$35.90	\$55.20

**VISION COVERAGE**

<b>Employee Only</b>	<b>\$7.54/month</b>
<b>Employee + Spouse</b>	<b>\$12.06/month</b>
<b>Employee + Children</b>	<b>\$12.31/month</b>
<b>Family</b>	<b>\$19.84/month</b>

\*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.