

2022 INSURANCE PREMIUM RATE SCHEDULE

Administration; 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 - Medica - Rates Effective January 1, 2022 through December 31, 2022

Option 1 HEALTH INSURANCE: \$1500/\$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:	\$131.96	\$343.10	\$395.88
	Board Contribution:	\$527.84	\$316.70	\$263.92
	Total Premium:	\$659.80	\$659.80	\$659.80
Single Cost Per Check with Year Round Deductions		\$65.98	\$171.55	\$197.94
Single Cost Per Check with 16 Pay Periods Deductions		\$98.97	\$257.32	\$296.91
FAMILY	Employee Share:	\$401.45	\$1,043.77	\$1,204.35
	Board Contribution:	\$1,605.79	\$963.47	\$802.90
	Total Premium:	\$2,007.24	\$2,007.24	\$2,007.24
Family Cost Per Check with Year Round Deductions		\$200.73	\$521.88	\$602.17
Family Cost Per Check with 16 Pay Periods Deduction		\$301.09	\$782.82	\$903.26

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
*** SINGLE	Total Premium:	\$654.84	\$654.84	\$654.84
	Board Contribution:	\$527.84	\$316.70	\$263.92
	HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>
	Net District Contribution	\$444.51	\$233.37	\$180.59
	Employee Share:	\$210.33	\$421.47	\$474.25
Single Cost Per Check with Year Round Deductions		\$105.17	\$210.73	\$237.13
Single Cost Per Check with 16 Pay Periods Deduction		\$157.75	\$316.10	\$355.69
**** FAMILY	Total Premium:	\$1,990.94	\$1,990.94	\$1,990.94
	Board Contribution:	\$1,605.79	\$963.47	\$802.90
	HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>
	Net District Contribution	\$1,439.12	\$796.80	\$636.23
	Employee Share:	\$551.82	\$1,194.14	\$1,354.72
Family Cost Per Check with Year Round Deductions		\$275.91	\$597.07	\$677.36
Family Cost Per Check with 16 Pay Periods Deduction		\$413.87	\$895.60	\$1,016.04

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 \$527.84. The \$83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$527.84 - \$83.33 = \$444.51 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 \$1,605.79. The \$166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,605.79 - \$166.67 = \$1,439.12 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.

Administration; 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, 2022 through December 31, 2022

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
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COST PER MONTH:

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
Single Cost Per Check with Year Round Deductions		\$4.94	\$10.58	\$11.99
Single Cost Per Check with 16 Pay Perids Deductions		\$7.40	\$15.86	\$17.98

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
Family Cost Per Check with Year Round Deductions		\$23.94	\$36.80	\$40.02
Family Cost Per Check with 16 Pay Perids Deduction		\$35.90	\$55.20	\$60.03

VISION COVERAGE

Employee Only	\$7.54/month
Employee + 1	\$12.06/month
Employee + Children	\$12.31/month
Family	\$19.84/month

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