

**2022 INSURANCE PREMIUM SCHEDULE**

Teachers

**HEALTH INSURANCE - MEDICA**

Effective January 1, 2022 through December 31, 2022

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

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$659.80	\$659.80	\$659.80	\$659.80	\$659.80	\$659.80
Board Contribution:	<u>\$527.84</u>	<u>\$369.49</u>	<u>\$329.90</u>	<u>\$316.70</u>	<u>\$290.31</u>	<u>\$263.92</u>
<b>SINGLE Employee Cost per Month:</b>	<b>\$131.96</b>	<b>\$290.31</b>	<b>\$329.90</b>	<b>\$343.10</b>	<b>\$369.49</b>	<b>\$395.88</b>
Full Premium:	\$2,007.24	\$2,007.24	\$2,007.24	\$2,007.24	\$2,007.24	\$2,007.24
Board Contribution:	<u>\$1,605.79</u>	<u>\$1,124.05</u>	<u>\$1,003.62</u>	<u>\$963.47</u>	<u>\$883.18</u>	<u>\$802.90</u>
<b>FAMIL' Employee Cost per Month:</b>	<b>\$401.45</b>	<b>\$883.19</b>	<b>\$1,003.62</b>	<b>\$1,043.77</b>	<b>\$1,124.06</b>	<b>\$1,204.35</b>

**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:	\$654.84	\$654.84	\$654.84	\$654.84	\$654.84	\$654.84
Board Contribution:	\$527.84	\$369.49	\$329.90	\$316.70	\$290.31	\$263.92
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:	\$444.51	\$286.16	\$246.57	\$233.37	\$206.98	\$180.59
<b>SINGLE Employee Cost per Month:</b>	<b>\$210.33</b>	<b>\$368.68</b>	<b>\$408.27</b>	<b>\$421.47</b>	<b>\$447.86</b>	<b>\$474.25</b>
Full Premium:	\$1,990.94	\$1,990.94	\$1,990.94	\$1,990.94	\$1,990.94	\$1,990.94
Board Contribution:	\$1,605.79	\$1,124.05	\$1,003.62	\$963.47	\$883.18	\$802.90
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	\$1,439.12	\$957.38	\$836.95	\$796.80	\$716.51	\$636.23
<b>FAMIL' Employee Cost per Month:</b>	<b>\$551.82</b>	<b>\$1,033.56</b>	<b>\$1,153.99</b>	<b>\$1,194.14</b>	<b>\$1,274.43</b>	<b>\$1,354.72</b>

**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 \$527.84. The \$83.33/mo. 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** = \$2,000.00/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,605.79. The \$166.67/mo. 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.

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

	<b>1.0 FTE</b>	<b>.7 FTE</b>	<b>.625 FTE</b>	<b>.6 FTE</b>	<b>.55 FTE</b>	<b>.5 FTE</b>
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>
<b>SINGLE Employee Cost per Month:</b>	<b>\$9.87</b>	<b>\$18.33</b>	<b>\$20.45</b>	<b>\$21.15</b>	<b>\$22.56</b>	<b>\$23.97</b>

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>
<b>FAMIL' Employee Cost per Month:</b>	<b>\$47.87</b>	<b>\$67.17</b>	<b>\$72.00</b>	<b>\$73.61</b>	<b>\$76.82</b>	<b>\$80.04</b>

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**

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