

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>
SINGLE Employee Cost per Month:	\$131.96	\$290.31	\$329.90	\$343.10	\$369.49	\$395.88
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>
FAMIL' Employee Cost per Month:	\$401.45	\$883.19	\$1,003.62	\$1,043.77	\$1,124.06	\$1,204.35

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
SINGLE Employee Cost per Month:	\$210.33	\$368.68	\$408.27	\$421.47	\$447.86	\$474.25
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
FAMIL' Employee Cost per Month:	\$551.82	\$1,033.56	\$1,153.99	\$1,194.14	\$1,274.43	\$1,354.72

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, 2022 through December 31, 2022

	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>
SINGLE 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	\$7.54/month
Employee + Spouse	\$12.06/month
Employee + Children	\$12.31/month
Family	\$19.84/month