

2023 INSURANCE PREMIUM RATE SCHEDULE

Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2023 through December 31, 2023

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:	\$145.82	\$379.12
	Board Contribution:	\$583.26	\$349.96
	Total Premium:	\$729.08	\$729.08
Single Cost Per Check with Year Round Deductions		\$72.91	\$189.56
Single Cost Per Check with 16 Pay Periods Deductions		\$109.37	\$284.34
FAMILY	Employee Share:	\$443.60	\$1,153.36
	Board Contribution:	\$1,774.40	\$1,064.64
	Total Premium:	\$2,218.00	\$2,218.00
Family Cost Per Check with Year Round Deductions		\$221.80	\$576.68
Family Cost Per Check with 16 Pay Periods Deductions		\$332.70	\$865.02

Option 2 HEALTH INSURANCE: Medica - Health Reimbursement Account

		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
***	Total Premium:	\$723.60	\$723.60
	Board Contribution:	\$583.26	\$349.96
	HRA Funding	\$83.33	\$83.33
	Net District Contribution	\$499.93	\$266.63
	Employee Share:	\$223.67	\$456.97
Single Cost Per Check with Year Round Deductions		\$111.84	\$228.49
Single Cost Per Check with 16 Pay Periods Deductions		\$167.75	\$342.73
****	Total Premium:	\$2,199.99	\$2,199.99
	Board Contribution:	\$1,774.40	\$1,064.64
	HRA Funding	\$166.67	\$166.67
	Net District Contribution	\$1,607.73	\$897.97
	Employee Share:	\$592.26	\$1,302.02
Family Cost Per Check with Year Round Deductions		\$296.13	\$651.01
Family Cost Per Check with 16 Pay Periods Deductions		\$444.20	\$976.52

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 \$583.26. The \$83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$583.26 - \$83.33 = \$499.93 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 \$1,774.40. The \$166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. \$1,774.40 - \$166.67 = \$1,607.73 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, 2023 through December 31, 2023

A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
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COST PER MONTH:

SINGLE	Employee Share:	\$9.87	\$21.15
	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
FAMILY	Employee Share:	\$47.87	\$73.61
	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

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

*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.