

# 2023 INSURANCE PREMIUM SCHEDULE

Teachers

## HEALTH INSURANCE - MEDICA

Effective January 1, 2023 through December 31, 2023

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

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$729.08	\$729.08	\$729.08	\$729.08	\$729.08	\$729.08
Board Contribution:	<u>\$583.26</u>	<u>\$408.28</u>	<u>\$364.54</u>	<u>\$349.96</u>	<u>\$320.79</u>	<u>\$291.63</u>
<b>SINGLE Employee Cost per Month:</b>	<b>\$145.82</b>	<b>\$320.80</b>	<b>\$364.54</b>	<b>\$379.12</b>	<b>\$408.29</b>	<b>\$437.45</b>
Full Premium:	\$2,218.00	\$2,218.00	\$2,218.00	\$2,218.00	\$2,218.00	\$2,218.00
Board Contribution:	<u>\$1,774.40</u>	<u>\$1,242.08</u>	<u>\$1,109.00</u>	<u>\$1,064.64</u>	<u>\$975.92</u>	<u>\$887.20</u>
<b>FAMIL' Employee Cost per Month:</b>	<b>\$443.60</b>	<b>\$975.92</b>	<b>\$1,109.00</b>	<b>\$1,153.36</b>	<b>\$1,242.08</b>	<b>\$1,330.80</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:	\$723.60	\$723.60	\$723.60	\$723.60	\$723.60	\$723.60
Board Contribution:	\$583.26	\$408.28	\$364.54	\$349.96	\$320.79	\$291.63
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:	\$499.93	\$324.95	\$281.21	\$266.63	\$237.46	\$208.30
<b>SINGLE Employee Cost per Month:</b>	<b>\$223.67</b>	<b>\$398.65</b>	<b>\$442.39</b>	<b>\$456.97</b>	<b>\$486.14</b>	<b>\$515.30</b>
Full Premium:	\$2,199.99	\$2,199.99	\$2,199.99	\$2,199.99	\$2,199.99	\$2,199.99
Board Contribution:	\$1,774.40	\$1,242.08	\$1,109.00	\$1,064.64	\$975.92	\$887.20
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	\$1,607.73	\$1,075.41	\$942.33	\$897.97	\$809.25	\$720.53
<b>FAMIL' Employee Cost per Month:</b>	<b>\$592.26</b>	<b>\$1,124.58</b>	<b>\$1,257.66</b>	<b>\$1,302.02</b>	<b>\$1,390.74</b>	<b>\$1,479.46</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 \$583.26. The \$83.33/mo. 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** = \$2,000.00/12 = \$166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is \$1,774.40. The \$166.67/mo. 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.

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### DENTAL - Delta Dental - Rates Effective January 1, 2023 through December 31, 2023

	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>
<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>