

Classified Health Insurance Rates

2020-2021

11 CHECK RATES

1234.9 DISTRICT COST

PLAN 4 WITH Rx PLAN A

HOURS	Monthly rates			DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
	1811.00	130.82	20.26			
	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM			
8 HOURS	1,975.64	1,234.90	740.74	142.71	22.10	905.55
7.5 HOURS	1,975.64	1,234.90	740.74	142.71	22.10	905.55
7.25 HOURS	1,975.64	1,119.13	856.51	142.71	22.10	1,021.32
7 HOURS	1,975.64	1,080.54	895.10	142.71	22.10	1,059.91
6.75 HOURS	1,975.64	1,041.95	933.69	142.71	22.10	1,098.50
6.5 HOURS	1,975.64	1,003.36	972.28	142.71	22.10	1,137.09
6.25 HOURS	1,975.64	964.77	1,010.87	142.71	22.10	1,175.69
6 HOURS	1,975.64	926.18	1,049.46	142.71	22.10	1,214.28
5.75 HOURS	1,975.64	887.58	1,088.05	142.71	22.10	1,252.87
5.5 HOURS	1,975.64	848.99	1,126.64	142.71	22.10	1,291.46
5.25 HOURS	1,975.64	810.40	1,165.23	142.71	22.10	1,330.05
5 HOURS	1,975.64	771.81	1,203.82	142.71	22.10	1,368.64
4.75 HOURS	1,975.64	733.22	1,242.41	142.71	22.10	1,407.23
4.5 HOURS	1,975.64	694.63	1,281.01	142.71	22.10	1,445.82
4.25 HOURS	1,975.64	656.04	1,319.60	142.71	22.10	1,484.41
4 HOURS	1,975.64	617.45	1,358.19	142.71	22.10	1,523.00
under 4 HOURS	1,975.64	-	1,975.64	142.71	22.10	2,140.45

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

2020-2021

PLAN 7 WITH Rx PLAN B

1234.90 DISTRICT COST

HOURS	Monthly Rates			DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
	1644.00	130.82	20.26			
	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM			
8 HOURS	1,793.45	1,234.90	558.55	142.71	22.10	723.37
7.5 HOURS	1,793.45	1,234.90	558.55	142.71	22.10	723.37
7.25 HOURS	1,793.45	1,119.13	674.33	142.71	22.10	839.14
7 HOURS	1,793.45	1,080.54	712.92	142.71	22.10	877.73
6.75 HOURS	1,793.45	1,041.95	751.51	142.71	22.10	916.32
6.5 HOURS	1,793.45	1,003.36	790.10	142.71	22.10	954.91
6.25 HOURS	1,793.45	964.77	828.69	142.71	22.10	993.50
6 HOURS	1,793.45	926.18	867.28	142.71	22.10	1,032.09
5.75 HOURS	1,793.45	887.58	905.87	142.71	22.10	1,070.68
5.5 HOURS	1,793.45	848.99	944.46	142.71	22.10	1,109.28
5.25 HOURS	1,793.45	810.40	983.05	142.71	22.10	1,147.87
5 HOURS	1,793.45	771.81	1,021.64	142.71	22.10	1,186.46
4.75 HOURS	1,793.45	733.22	1,060.23	142.71	22.10	1,225.05
4.5 HOURS	1,793.45	694.63	1,098.82	142.71	22.10	1,263.64
4.25 HOURS	1,793.45	656.04	1,137.41	142.71	22.10	1,302.23
4 HOURS	1,793.45	617.45	1,176.00	142.71	22.10	1,340.82
under 4 HOURS	1,793.45	-	1,793.45	142.71	22.10	1,958.27

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

Classified Health Insurance Rates

2020-2021

WELLNESS PLAN PPO				1234.90 DISTRICT COST		
Monthly Rates				1681.00	130.82	20.26
HOURS	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM	DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
	8 HOURS	1,833.82	1,234.90	598.92	142.71	22.10
7.5 HOURS	1,833.82	1,234.90	598.92	142.71	22.10	763.73
7.25 HOURS	1,833.82	1,119.13	714.69	142.71	22.10	879.50
7 HOURS	1,833.82	1,080.54	753.28	142.71	22.10	918.10
6.75 HOURS	1,833.82	1,041.95	791.87	142.71	22.10	956.69
6.5 HOURS	1,833.82	1,003.36	830.46	142.71	22.10	995.28
6.25 HOURS	1,833.82	964.77	869.05	142.71	22.10	1,033.87
6 HOURS	1,833.82	926.18	907.64	142.71	22.10	1,072.46
5.75 HOURS	1,833.82	887.58	946.23	142.71	22.10	1,111.05
5.5 HOURS	1,833.82	848.99	984.82	142.71	22.10	1,149.64
5.25 HOURS	1,833.82	810.40	1,023.42	142.71	22.10	1,188.23
5 HOURS	1,833.82	771.81	1,062.01	142.71	22.10	1,226.82
4.75 HOURS	1,833.82	733.22	1,100.60	142.71	22.10	1,265.41
4.5 HOURS	1,833.82	694.63	1,139.19	142.71	22.10	1,304.00
4.25 HOURS	1,833.82	656.04	1,177.78	142.71	22.10	1,342.59
4 HOURS	1,833.82	617.45	1,216.37	142.71	22.10	1,381.18
under 4 HOURS	1,833.82	-	1,833.82	142.71	22.10	1,998.63

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

2020-2021

PLAN 8 WITH Rx PLAN B				1234.90 DISTRICT COST		
Monthly Rates				1501.00	130.82	20.26
HOURS	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM	DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
	8 HOURS	1,637.45	1,234.90	402.55	142.71	22.10
7.5 HOURS	1,637.45	1,234.90	402.55	142.71	22.10	567.37
7.25 HOURS	1,637.45	1,119.13	518.33	142.71	22.10	683.14
7 HOURS	1,637.45	1,080.54	556.92	142.71	22.10	721.73
6.75 HOURS	1,637.45	1,041.95	595.51	142.71	22.10	760.32
6.5 HOURS	1,637.45	1,003.36	634.10	142.71	22.10	798.91
6.25 HOURS	1,637.45	964.77	672.69	142.71	22.10	837.50
6 HOURS	1,637.45	926.18	711.28	142.71	22.10	876.09
5.75 HOURS	1,637.45	887.58	749.87	142.71	22.10	914.68
5.5 HOURS	1,637.45	848.99	788.46	142.71	22.10	953.28
5.25 HOURS	1,637.45	810.40	827.05	142.71	22.10	991.87
5 HOURS	1,637.45	771.81	865.64	142.71	22.10	1,030.46
4.75 HOURS	1,637.45	733.22	904.23	142.71	22.10	1,069.05
4.5 HOURS	1,637.45	694.63	942.82	142.71	22.10	1,107.64
4.25 HOURS	1,637.45	656.04	981.41	142.71	22.10	1,146.23
4 HOURS	1,637.45	617.45	1,020.00	142.71	22.10	1,184.82
under 4 HOURS	1,637.45	-	1,637.45	142.71	22.10	1,802.27

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

Classified Health Insurance Rates

2020-2021

PLAN 9 WITH Rx PLAN A				1234.90 DISTRICT COST		
Monthly Rates				1347.00	130.82	20.26
HOURS	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM	DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
8 HOURS	1,469.45	1,234.90	234.55	142.71	22.10	399.37
7.5 HOURS	1,469.45	1,234.90	234.55	142.71	22.10	399.37
7.25 HOURS	1,469.45	1,119.13	350.33	142.71	22.10	515.14
7 HOURS	1,469.45	1,080.54	388.92	142.71	22.10	553.73
6.75 HOURS	1,469.45	1,041.95	427.51	142.71	22.10	592.32
6.5 HOURS	1,469.45	1,003.36	466.10	142.71	22.10	630.91
6.25 HOURS	1,469.45	964.77	504.69	142.71	22.10	669.50
6 HOURS	1,469.45	926.18	543.28	142.71	22.10	708.09
5.75 HOURS	1,469.45	887.58	581.87	142.71	22.10	746.68
5.5 HOURS	1,469.45	848.99	620.46	142.71	22.10	785.28
5.25 HOURS	1,469.45	810.40	659.05	142.71	22.10	823.87
5 HOURS	1,469.45	771.81	697.64	142.71	22.10	862.46
4.75 HOURS	1,469.45	733.22	736.23	142.71	22.10	901.05
4.5 HOURS	1,469.45	694.63	774.82	142.71	22.10	939.64
4.25 HOURS	1,469.45	656.04	813.41	142.71	22.10	978.23
4 HOURS	1,469.45	617.45	852.00	142.71	22.10	1,016.82
under 4 HOURS	1,469.45	-	1,469.45	142.71	22.10	1,634.27

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

2020-2021

PLAN HDHP-2				1234.90 DISTRICT COST		
Monthly Rates				1016.00	130.82	20.26
HOURS	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM	DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM
8 HOURS	1,108.36	1,234.90	(126.54)	142.71	22.10	38.28
7.5 HOURS	1,108.36	1,234.90	(126.54)	142.71	22.10	38.28
7.25 HOURS	1,108.36	1,119.13	(10.76)	142.71	22.10	154.05
7 HOURS	1,108.36	1,080.54	27.83	142.71	22.10	192.64
6.75 HOURS	1,108.36	1,041.95	66.42	142.71	22.10	231.23
6.5 HOURS	1,108.36	1,003.36	105.01	142.71	22.10	269.82
6.25 HOURS	1,108.36	964.77	143.60	142.71	22.10	308.41
6 HOURS	1,108.36	926.18	182.19	142.71	22.10	347.00
5.75 HOURS	1,108.36	887.58	220.78	142.71	22.10	385.59
5.5 HOURS	1,108.36	848.99	259.37	142.71	22.10	424.18
5.25 HOURS	1,108.36	810.40	297.96	142.71	22.10	462.78
5 HOURS	1,108.36	771.81	336.55	142.71	22.10	501.37
4.75 HOURS	1,108.36	733.22	375.14	142.71	22.10	539.96
4.5 HOURS	1,108.36	694.63	413.73	142.71	22.10	578.55
4.25 HOURS	1,108.36	656.04	452.32	142.71	22.10	617.14
4 HOURS	1,108.36	617.45	490.91	142.71	22.10	655.73
under 4 HOURS	1,108.36	-	1,108.36	142.71	22.10	1,273.18

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

Classified Health Insurance Rates

2020-2021

BRONZE PLAN					1234.90 DISTRICT COST		
		Monthly Rates			934.00	130.82	20.26
HOURS	MEDICAL MONTHLY PREMIUM	DISTRICT PORTION	EMPLOYEE MONTHLY PREMIUM	DENTAL EMPLOYEE MONTHLY PREMIUM	VISION EMPLOYEE MONTHLY PREMIUM	TOTAL ALL PREMIUMS EMPLOYEE MONTHLY PREMIUM	
	8 HOURS	1,018.91	1,234.90	(215.99)	142.71	22.10	0.00
7.5 HOURS	1,018.91	1,234.90	(215.99)	142.71	22.10	0.00	
7.25 HOURS	1,018.91	1,119.13	(100.22)	142.71	22.10	64.60	
7 HOURS	1,018.91	1,080.54	(61.63)	142.71	22.10	103.19	
6.75 HOURS	1,018.91	1,041.95	(23.04)	142.71	22.10	141.78	
6.5 HOURS	1,018.91	1,003.36	15.55	142.71	22.10	180.37	
6.25 HOURS	1,018.91	964.77	54.14	142.71	22.10	218.96	
6 HOURS	1,018.91	926.18	92.73	142.71	22.10	257.55	
5.75 HOURS	1,018.91	887.58	131.32	142.71	22.10	296.14	
5.5 HOURS	1,018.91	848.99	169.92	142.71	22.10	334.73	
5.25 HOURS	1,018.91	810.40	208.51	142.71	22.10	373.32	
5 HOURS	1,018.91	771.81	247.10	142.71	22.10	411.91	
4.75 HOURS	1,018.91	733.22	285.69	142.71	22.10	450.50	
4.5 HOURS	1,018.91	694.63	324.28	142.71	22.10	489.09	
4.25 HOURS	1,018.91	656.04	362.87	142.71	22.10	527.68	
4 HOURS	1,018.91	617.45	401.46	142.71	22.10	566.27	
under 4 HOURS	1,018.91	-	1,018.91	142.71	22.10	1,183.72	

NO DISTRICT CONTRIBUTIONS FOR LESS THAN 4 HOURS

District Cost will be negotiated and may change

Revised 8.29.19