



## South Washington County Schools / Employee Premium Sheet Maintenance (at least 30 hours/week)

January 1, 2019 – December 31, 2019

PreferredOne Health Plans (all plans are Open Access)				
		Total Cost Per Month	District Cost Per Month*	Employee Cost Per Pay Period* (24 Pay)
<b>\$25 Copay Plan</b>	Single	\$605.40	\$300.00	\$152.70
	Family	\$1,622.48	\$800.00	\$411.24
<b>\$15 Copay Plan</b>	Single	\$600.08	\$300.00	\$150.04
	Family	\$1,608.21	\$800.00	\$404.11
<b>High Deductible Plan*</b>	Single	\$530.03	\$530.03	\$0.00
	Family	\$1,420.49	\$1,420.49	\$0.00

\*If you elect the High deductible plan, the district will contribute to the employee's HRA/VEBA account an annual amount of \$2,700.00 for the single plan or \$3,000.00 for the family plan, paid per district and contract terms. In a full calendar year, this is distributed as follows: 50% of annual amount on January 15, 25% of annual amount on July 15, and 25% of annual amount on October 15.

Amount may be pro-rated based on your actual days worked.

Delta Care and Delta Preferred Dental Plans				
		Total Cost Per Month	District Cost Per Month*	Employee Cost Per Pay Period* (24 Pay)
Dental Plan Rates	Single	\$42.96	\$35.75	\$3.61
	Family	\$120.28	\$38.50	\$40.89

TOTAL MONTHLY PREMIUM CHARGED BY INSURER		
PLAN OPTIONS	LIFE	LTD
<b>DISTRICT PAID</b>		
BASIC LIFE \$50,000 BASIC AD&D	\$4.50 0.015/\$1000	
<b>EMPLOYEE PAID</b>		
SUPPL LIFE (per ADDL \$50,000)	\$11.00 (\$5.50/Pay)	
DEPENDENT LIFE (\$10,000/spouse , \$5,000/child)	\$2.20 (\$1.10/Pay)	
LONG TERM DISABILITY*		.30 * yearly earnings/\$1000

\*LTD Max can be found in the benefit plan summaries.

\*District cost per month is based on the 2016-2018 contract and may change during the negotiation process for the 2018-2020 contract. A change to the district contribution may impact the employee cost