



South Washington County Schools / Employee Premium Sheet Teacher (.3 FTE)

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) | Employee Cost Per Pay Period (19 Pay) |
| \$25 Copay Plan Open Access | Single | \$605.40 | \$155.18 | \$225.11 | \$284.35 |
| | Family | \$1,622.48 | \$305.55 | \$658.47 | \$831.75 |
| \$15 Copay Plan Select Choice | Single | \$600.08 | \$153.94 | \$223.07 | \$281.77 |
| | Family | \$1,608.21 | \$303.95 | \$652.13 | \$823.75 |
| High Deductible Plan Open Access | Single | \$530.03 | \$262.02 | \$134.01 | \$169.27 |
| | Family | \$1,420.49 | \$393.93 | \$513.28 | \$648.35 |

| Delta Care and Delta Preferred Dental Plans | | | | | |
|---|--------|-------------------------|----------------------------|---|---|
| | | Total Cost Per Month | District Cost Per Month | Employee Cost Per Pay Period (24 Pay) | Employee Cost Per Pay Period (19 Pay) |
| Dental Plan Rates | Single | \$42.96 | \$12.89 | \$15.04 | \$18.99 |
| | Family | \$120.28 | \$12.89 | \$53.70 | \$67.83 |

Part-time staff may receive pro-rated district premiums

| TOTAL MONTHLY PREMIUM CHARGED BY INSURER | | |
|---|------------------------|--------------------------|
| PLAN OPTIONS – Employee Paid | LIFE | LTD |
| BASIC LIFE \$50,000 Basic AD & D | \$4.50 0.015/\$1000 | |
| SUPPL LIFE (Per additional \$50,000) | \$11.00 | |
| DEPENDENT LIFE (\$10,000/spouse , \$5,000/child) | \$2.20 | |
| LONG TERM DISABILITY* | | Not available for .3 FTE |

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