



South Washington County Schools / Employee Premium Sheet Teacher (.7 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	Single	\$605.40	\$362.09	\$121.66	\$153.67
	Family	\$1,622.48	\$712.95	\$454.77	\$574.44
\$15 Copay Plan	Single	\$600.08	\$359.20	\$120.44	\$152.13
	Family	\$1,608.21	\$709.23	\$449.49	\$567.78
High Deductible Plan	Single	\$530.03	\$371.28	\$79.38	\$100.26
	Family	\$1,420.49	\$919.18	\$250.66	\$316.62

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	\$30.07	\$6.45	\$8.14
	Family	\$120.28	\$29.27	\$45.11	\$56.97

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*		.30* yearly earnings/\$1000

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