



**South Washington County Schools / Employee Premium Sheet**  
**Tier 1**  
**January 1, 2019 – December 31, 2019**

<b>PreferredOne Health Plans</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
<b>\$25 Copay Plan Open Access</b>	Single	\$605.40	\$504.55	\$50.43
	Family	\$1,622.48	\$1,330.55	\$145.97
<b>\$15 Copay Plan Open Access</b>	Single	\$600.08	\$505.34	\$47.37
	Family	\$1,608.21	\$1,332.69	\$137.76
<b>High Deductible Plan* Open Access</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 \$1,200.00 for the single plan or \$2,400.00 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.

<b>Delta Care and Delta Preferred Dental Plans</b>				
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (24 Pay)</b>
Dental Plan Rates	Single	\$42.96	\$40.21	\$1.38
	Family	\$120.28	\$106.00	\$7.14

<b>TOTAL MONTHLY PREMIUM CHARGED BY INSURER</b>		
<b>PLAN OPTIONS</b>	<b>LIFE</b>	<b>LTD</b>
<b>DISTRICT PAID</b>		
BASIC LIFE 3X SALARY BASIC AD&D	.154 / \$1000 .015 / \$1000	
<b>EMPLOYEE PAID</b>		
SUPPL LIFE (per ADDL 1X SAL)	.32 / \$1000	
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.