



South Washington County Schools / Employee Premium Sheet Nutrition Services (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* (19 Pay)
\$25 Copay Plan	Single	\$605.40	\$400.00	\$129.73
	Family	\$1,622.48	\$900.00	\$456.30
\$15 Copay Plan	Single	\$600.08	\$400.00	\$126.37
	Family	\$1,608.21	\$900.00	\$447.29
High Deductible Plan*	Single	\$530.03	\$450.72	\$50.09
	Family	\$1,420.49	\$1,224.10	\$124.04

*If you elect the High deductible plan, the district will contribute to the employee's HRA/VEBA account an annual amount of \$1,166.52 for the single plan or \$1,854.96 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* (19 Pay)
Dental Plan Rates	Single	\$42.96	\$36.23	\$4.25
	Family	\$120.28	\$91.05	\$18.46

TOTAL MONTHLY PREMIUM CHARGED BY INSURER		
PLAN OPTIONS	LIFE	LTD
DISTRICT PAID		
BASIC LIFE \$50,000 BASIC AD&D	\$4.50 0.015/\$1000	
EMPLOYEE PAID		
SUPPL LIFE (per ADDL \$50,000)	\$11.00 (\$6.95/Pay)	
DEPENDENT LIFE (\$10,000/spouse , \$5,000/child)	\$2.20 (\$1.39Pay)	
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