



South Washington County Schools / Employee Premium Sheet
Tier 3
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)
\$25 Copay Plan	Single	\$605.40	\$504.55	\$55.68
	Family	\$1,622.48	\$1,330.55	\$198.47
\$15 Copay Plan	Single	\$600.08	\$505.34	\$52.62
	Family	\$1,608.21	\$1,332.69	\$190.26
High Deductible Plan*	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 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.

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	\$40.21	1.38
	Family	\$120.28	\$98.00	\$11.14

TOTAL MONTHLY PREMIUM CHARGED BY INSURER		
PLAN OPTIONS	LIFE	LTD
DISTRICT PAID		
BASIC LIFE 2X SALARY	.090 / \$1000	
Basic AD&D	.015 / \$1000	
EMPLOYEE PAID		
SUPPL LIFE (per ADDL 2X SAL)	.22 / \$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.