



**South Washington County Schools / Employee Premium Sheet**  
**Tier 4**  
**January 1, 2019 – December 31, 2019**

<b>PreferredOne Health Plans (all plans are Open Access)</b>					
		<b>Total Cost Per Month</b>	<b>District Cost Per Month</b>	<b>Employee Cost Per Pay Period (22 Pay)</b>	<b>Employee Cost Per Pay Period (19 pay)</b>
<b>\$25 Copay Plan</b>	Single	\$605.40	\$483.55	\$60.93	\$66.46
	Family	\$1,622.48	\$1,131.05	\$245.72	\$268.05
<b>\$15 Copay Plan</b>	Single	\$600.08	\$484.34	\$57.87	\$63.13
	Family	\$1,608.21	\$1,133.19	\$237.51	\$259.10
<b>High Deductible Plan*</b>	Single	\$530.03	\$530.03	\$0.00	\$0.00
	Family	\$1,420.49	\$1,420.49	\$0.00	\$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.

<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 (22 Pay)</b>	<b>Employee Cost Per Pay Period (19 Pay)</b>
<b>Dental Plan Rates</b>	Single	\$42.96	\$40.21	\$1.50	\$1.74
	Family	\$120.28	\$98.00	\$12.15	\$14.07

<b>TOTAL MONTHLY PREMIUM CHARGED BY INSURER</b>		
<b>PLAN OPTIONS</b>	<b>LIFE</b>	<b>LTD</b>
<b>DISTRICT PAID</b>		
BASIC LIFE 2X SALARY Basic AD&D	.09 / \$1000 0.015/\$1000	
<b>EMPLOYEE PAID</b>		
SUPPL LIFE (per ADDL \$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.