

MORGAN COUNTY SCHOOL DISTRICT RE-3
INSURANCE RATES
2020-2021

MEDICAL INSURANCE - BEST HEALTH PLAN

The District pays 100% of the premium for the High Deductible Health Plan (HDHP) single coverage.
 The Cost-sharing Plan (CSP) is a more expensive coverage and the premium difference is paid by the employee.
 The District contributes 1/2 of the SINGLE Vision and Dental SINGLE Premium.
 The eligibility requirements for participation are the employee works 30 hours a week.
 Single rate \$748.00 (HDHP) + 3.04 Basic Life = \$751.04
 Single rate \$920.00 (PPO - Cost-sharing) + 3.04 Basic Life= \$923.04

<u>HDHP - PREMIUM</u>	<u>MONTHLY PYMT</u> <u>Employee Pays</u>	<u>PPO COST-SHARING PLAN - PREMIUM</u>	<u>MONTHLY PAYMENT WITH</u> <u>THE DISTRICT</u> <u>\$ 750.00 CREDIT</u>	<u>Calculation</u> <u>\$172.00 - \$62.50 (\$750 ÷ 12)</u>
\$748.00 = Employee	-	\$920.00= Employee	\$172.00	109.50
\$1,540.00= Employee + Spouse	792.00	\$1,889.00 = Employee + Spouse	\$1,078.50	969.00+ 109.50
\$1,391.00 = Employee + Children	643.00	\$1,726.00= Employee + Children	\$915.50	806.00 + 109.50
\$1,944.00 = Family	1196.00	\$2,529.00= Family	\$1,718.50	1609.00 + 109.50
FAMILY COVERAGE - BOTH EMP WORK FOR THE DISTRICT	448.00	FAMILY COVERAGE- BOTH EMP WORK FOR THE DISTRICT	\$908.00	689.00 + 219.00

<u>VOLUNTARY DENTAL</u>	<u>Employee Pays</u>	<u>VOLUNTARY VISION</u>	<u>Employee Pays</u>
\$34.03 = Employee	17.02	\$10.66 = Employee	5.33
\$64.46 = Employee + Spouse	47.45	\$15.63 = Employee + Spouse	10.30
\$78.24 = Employee + Children	61.23	\$13.86 = Employee + Children	8.53
\$112.25 = Employee + Family	95.24	\$26.73 = Family	21.40
Spouse + Spouse Employees	78.23	Spouse + Spouse Employees	16.07

<u>VOLUNTARY CRITICAL ILLNESS</u>	<u>Employee Pays</u>	<u>VOLUNTARY ACCIDENT</u>	<u>Employee Pays</u>
Age-banded	Premiums Vary	Single	15.52
		Family	39.28