



QUESTION & ANSWER SHEET 2019/2020 INSURANCE SIGN-UPS



1. **WHICH ENROLLMENT FORMS MUST BE COMPLETED?**

All employees must complete:

- (1) Sect. 125 Flexible Spending Accounts Online Enrollment Form

To add or remove covered dependents: (3) Benefits Enrollment Form, and
(4) Medical/Dental/Vision Enrollment Form

To add Vision Coverage for anyone on the Medical plan: Med/Dent/Vis. Enrollment form

2. **WHEN ARE THE COMPLETED FORMS DUE?**

Please return the forms to the Benefits Office no later than Noon on Friday, June 7, 2019.

3. **WHAT IS THE MONTHLY DISTRICT CONTRIBUTION AMOUNT?**

Most eligible employees will receive \$756.00; part-time certified employees receive pro-rated amounts, all support staff working over 20 hours a week receive the full amount.

PREMIUMS

This year, the District will have a minimal 1% increase in the medical premium. The Dental Plan did not have an increase this year. For each eligible employee, the District will continue to pay the full single medical/dental premium on the \$1,000 deductible plan.

RATES EFFECTIVE JULY 1, 2019

TOTAL MONTHLY PREMIUM AMOUNTS – MEDICAL/DENTAL INSURANCE

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>756</u>	<u>1,210</u>	<u>1,263</u>	<u>1,471</u>
MED-\$1,000 ind/\$2,000 fam; No Dep Dental	<u>699</u>	<u>1,170</u>	<u>1,210</u>	<u>1,400</u>

EMPLOYEE COST (WITH DISTRICT CONTRIBUTION OF \$756)

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>00</u>	<u>454</u>	<u>507</u>	<u>715</u>
MED-\$1,000 ind/\$2,000 fam; No Dep Dental		<u>414</u>	<u>454</u>	<u>644</u>