

ACTIVE EMPLOYEE PREMIUM SCHEDULES

Based on 12 Checks*

January 1, 2021 through December 31, 2021

ELIGIBLE HOURS PER WEEK	35+		32.5+		30+		27.5+		25+		22.5+		20+	
PLANS AND COVERAGES	Monthly Premium Total	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost	Employee Monthly Cost
HEALTH PLANS Premiums for employees who meet the Davis Moves wellness program incentive requirements will be reduced by \$20 per month.														
AETNA (Traditional)														
Employee + 2 or More	1,895.10	282.97	500.59	609.40	718.20	827.01	935.82	1,044.63						
Employee + 1	1,406.70	195.06	359.28	441.39	523.50	605.61	687.72	769.83						
Employee Only	651.20	59.07	140.69	181.50	222.30	263.11	303.92	344.73						
SELECTHEALTH (Traditional)														
Employee + 2 or More	1,910.30	285.10	504.46	614.14	723.82	833.50	943.18	1,052.86						
Employee + 1	1,417.60	196.41	361.90	444.65	527.39	610.14	692.89	775.63						
Employee Only	656.30	59.38	141.64	182.76	223.89	265.02	306.15	347.28						
AETNA (High Deductible)														
Employee + 2 or More	1,683.40	253.58	446.89	543.54	640.20	736.85	833.51	930.16						
Employee + 1	1,249.60	175.50	321.38	394.32	467.26	540.20	613.14	686.08						
Employee Only	578.60	54.72	127.24	163.50	199.75	236.01	272.27	308.53						
SELECTHEALTH (High Deductible)														
Employee + 2 or More	1,699.70	255.87	451.05	548.64	646.22	743.81	841.40	938.99						
Employee + 1	1,261.30	176.95	324.20	397.82	471.44	545.07	618.69	692.31						
Employee Only	584.00	55.04	128.23	164.83	201.43	238.03	274.62	311.22						
DENTAL PLANS														
DELTA BASIC PPO														
Employee + 2 or More	88.19	9.10	19.65	24.92	30.19	35.46	40.74	46.01						
Employee + 1	59.93	2.24	9.93	13.78	17.62	21.47	25.32	29.16						
Employee Only	29.97	0.00	4.00	5.99	7.99	9.99	11.99	13.99						
DELTA PREMIER + PPO														
Employee + 2 or More	118.32	39.23	49.78	55.05	60.32	65.59	70.87	76.14						
Employee + 1	75.52	17.83	25.52	29.37	33.21	37.06	40.91	44.75						
Employee Only	44.28	2.21	7.82	10.62	13.43	16.23	19.04	21.84						
LONG TERM DISABILITY														
UNUM														
	20.27	10.13	11.48	12.16	12.83	13.51	14.19	14.86						

*Employees who receive 10 checks a year, rather than 12 will prepay a portion of the annual premium. Therefore, the monthly amount deducted from an employee's paycheck will exceed the above Employee Monthly Cost amount.

NOTE: Premiums listed for less than 30 hours per work week are applicable to employees who meet the eligibility criteria requirements of an employment start date and insurance eligibility date of June 30, 2004, or earlier.

Monthly District Health Savings Account (HSA) Contribution for Employees Electing High Deductible Health Plan (HDHP) Coverage

30 or more hours per week

Less than 30 hours per week

Family Coverage	\$180.00 per month	\$90.00 per month
2-Party Coverage	\$140.00 per month	\$70.00 per month
Individual Coverage	\$70.00 per month	\$35.00 per month

SHORT-TERM DISABILITY RATES



Premium Rates per \$10 of Base Salary

Age	Male	Female
29 and under	.03	.06
30-39	.05	.08
40-49	.07	.13
50-59	.10	.18
60 and over	.14	.21

Sample Premium Calculation: Yearly base salary (\$26,696) divide by 52 weeks = \$513; weekly salary \$513 x 66.6667% of benefit = \$342.00 (round to nearest \$10) = \$340 divide by 10 = \$34 x .18 (rate) = \$6.12 monthly premium.



SUPPLEMENTAL LIFE RATES

Monthly Rates per \$1,000 of Coverage

Attained Age	Employee & Spouse Rates
34 and under	\$.06
35 to 3909
40 to 4411
45 to 4917
50 to 5423
55 to 5939
60 to 6447
65 to 6976
70 to 74	1.43
75 to 79	2.49

Child(ren)	Coverage for \$ 5,000	\$.78
	Coverage for \$10,000	1.56

Calculate your total monthly premium here

	Desired No. of Thousands		Premium per \$1,000		Total Premium
Employee	_____	X	_____	=	_____
Spouse	_____	X	_____	=	_____
Child(ren)	\$5,000 (.78)	or	\$10,000 (\$1.56)	=	_____
	Total Monthly Premium =				_____

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)



ACCIDENTAL DEATH & DISMEMBERMENT

Monthly Rate \$.02 per \$1,000 of Coverage

Calculate your total monthly premium here

Desired No. of Thousands		Total Monthly Premium
_____	X	\$.02
(up to 500)		= _____

(Employee's who receive 10 checks a year rather than 12 will prepay a portion of the annual premium)

VISION MONTHLY RATES



Employee Only	\$ 4.11
Employee + 1	\$ 7.97
Employee + 2 or more	\$10.46

COBRA PREMIUMS

Qualified beneficiaries who continue coverage under COBRA, the federal health care continuation law, pay 102% of the premium cost. Premiums are remitted directly to the district's COBRA Administrator.

January 1, 2021 through December 31, 2021

Health Plans

Monthly Premiums

AETNA (Traditional Health Plan)

Family	\$1,933.00
2-Party	1,434.83
Single	664.22

SELECTHEALTH (Traditional Health Plan)

Family	\$1,948.51
2-Party.	1,445.95
Single	669.43

AETNA (High Deductible Health Plan)

Family	\$1,717.07
2-Party	1,274.59
Single	590.17

SELECTHEALTH (High Deductible Health Plan)

Family	\$1,733.69
2-Party	1,286.53
Single	595.68

Dental Plans

Monthly Premiums

DELTA BASIC PPO

Family	\$ 89.95
2-Party	61.13
Single	30.57

DELTA PREMIER + PPO

Family	\$120.69
2-Party	77.03
Single	45.17

Vision

Monthly Premiums

OPTICARE OF UTAH

Family	\$ 10.67
2-Party	8.13
Single	4.19

RETIREE PREMIUMS

As defined in the Davis School District Negotiated Agreements, employees who retire under the Davis School District Early Retirement Incentive Medical and Dental Plan (ERP) may continue to be enrolled in group medical and dental programs until they become eligible for medicare, or for ten consecutive years following retirement, whichever occurs first. Special provisions apply to retirees who return to active employment with the district. (Dependents may have limited continuation of coverage in cases where they would otherwise lose coverage - see ERP document.)

Retired Employees in **first three years** of plan participation–

- Refer to the Active Employee Premium Schedule.

Retired Employees **beyond the first three years** of plan participation–

- Refer to the schedule below.

January 1, 2021 through December 31, 2021

<i>Health Plans</i>	<i>Monthly Premiums</i>
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AETNA (Traditional Health Plan)

Family	\$1,933.00
2-Party	1,434.83
Single	664.22

SELECTHEALTH (Traditional Health Plan)

Family	\$1,948.51
2-Party	1,445.95
Single	669.43

AETNA (High Deductible Health Plan)

Family	\$1,717.07
2-Party	1,274.59
Single	590.71

SELECTHEALTH (High Deductible Health Plan)

Family	\$1,733.69
2-Party	1,286.53
Single	595.68

<i>Dental Plans</i>	<i>Monthly Premiums</i>
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DELTA BASIC PPO

Family	\$ 89.95
2-Party	61.13
Single	30.57

DELTA PREMIER + PPO

Family	\$120.69
2-Party	77.03
Single	45.17

<i>Vision</i>	<i>Monthly Premiums</i>
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OPTICARE OF UTAH

Family	\$ 10.67
2-Party	8.13
Single	4.19