

**2021-22 INSURANCE RATES
FOR PART-TIME 10 MONTH CLASSIFIED CSEA EMPLOYEES**

The following are the health insurance rates effective October 1, 2021. These rates are only good for someone making 10 equal payments --late starts need to contact Personnel for individual rates. These rates are based on ten (10) monthly payments but insurance coverage is from October 1, 2021 through September 30, 2022. The district pays a cap of \$5,000 (annually) plus 50% of the amount over the cap for full-time employees and a prorated amount for part-time employees according to the following schedule. **Rates include medical, dental and vision for Packages 1-8.**

With Incentive Dental

Hours per Day	Package 1 80% \$40	Package 2 80% \$30	Package 3 90% \$20	Package 4 100% \$20
4.00	\$ 930.79	\$ 1,228.69	\$ 1,395.19	\$ 1,524.79
4.25	\$ 900.98	\$ 1,192.68	\$ 1,355.71	\$ 1,482.61
4.50	\$ 871.17	\$ 1,156.66	\$ 1,316.22	\$ 1,440.42
4.75	\$ 841.37	\$ 1,120.65	\$ 1,276.74	\$ 1,398.24
5.00	\$ 811.56	\$ 1,084.63	\$ 1,237.26	\$ 1,356.06
5.25	\$ 781.75	\$ 1,048.62	\$ 1,197.77	\$ 1,313.87
5.50	\$ 751.94	\$ 1,012.60	\$ 1,158.29	\$ 1,271.69
5.75	\$ 722.13	\$ 976.59	\$ 1,118.81	\$ 1,229.51
6.00	\$ 692.33	\$ 940.58	\$ 1,079.33	\$ 1,187.33
6.25	\$ 662.52	\$ 904.56	\$ 1,039.84	\$ 1,145.14
6.50	\$ 632.71	\$ 868.55	\$ 1,000.36	\$ 1,102.96
6.75	\$ 602.90	\$ 832.53	\$ 960.88	\$ 1,060.78
7.00	\$ 573.09	\$ 796.52	\$ 921.39	\$ 1,018.59
7.25	\$ 543.28	\$ 760.50	\$ 881.91	\$ 976.41
7.50	\$ 513.48	\$ 724.49	\$ 842.43	\$ 934.23
7.75	\$ 483.67	\$ 688.47	\$ 802.94	\$ 892.04
8.00	\$ 453.86	\$ 652.46	\$ 763.46	\$ 849.86

ACA Bronze-A Medical Only Employee Only 70% \$60
\$ 431.20
\$ 411.80
\$ 392.40
\$ 373.00
\$ 353.60
\$ 334.20
\$ 314.80
\$ 295.40
\$ 276.00
\$ 256.60
\$ 237.20
\$ 217.80
\$ 198.40
\$ 179.00
\$ 159.60
\$ 140.20
\$ 120.80

With PPO Dental

Hours per Day	Package 5 80% \$40	Package 6 80% \$30	Package 7 90% \$20	Package 8 100% \$20
4.00	\$ 945.46	\$ 1,243.36	\$ 1,409.86	\$ 1,539.46
4.25	\$ 915.35	\$ 1,207.04	\$ 1,370.07	\$ 1,496.97
4.50	\$ 885.23	\$ 1,170.72	\$ 1,330.28	\$ 1,454.48
4.75	\$ 855.12	\$ 1,134.40	\$ 1,290.49	\$ 1,411.99
5.00	\$ 825.01	\$ 1,098.08	\$ 1,250.71	\$ 1,369.51
5.25	\$ 794.89	\$ 1,061.76	\$ 1,210.92	\$ 1,327.02
5.50	\$ 764.78	\$ 1,025.44	\$ 1,171.13	\$ 1,284.53
5.75	\$ 734.66	\$ 989.12	\$ 1,131.34	\$ 1,242.04
6.00	\$ 704.55	\$ 952.80	\$ 1,091.55	\$ 1,199.55
6.25	\$ 674.44	\$ 916.48	\$ 1,051.76	\$ 1,157.06
6.50	\$ 644.32	\$ 880.16	\$ 1,011.97	\$ 1,114.57
6.75	\$ 614.21	\$ 843.84	\$ 972.18	\$ 1,072.08
7.00	\$ 584.10	\$ 807.52	\$ 932.40	\$ 1,029.60
7.25	\$ 553.98	\$ 771.20	\$ 892.61	\$ 987.11
7.50	\$ 523.87	\$ 734.88	\$ 852.82	\$ 944.62
7.75	\$ 493.75	\$ 698.56	\$ 813.03	\$ 902.13
8.00	\$ 463.64	\$ 662.24	\$ 773.24	\$ 859.64

ACA Bronze-B Medical Only Employee + Child(ren) 70% \$60
\$ 748.00
\$ 722.00
\$ 696.00
\$ 670.00
\$ 644.00
\$ 618.00
\$ 592.00
\$ 566.00
\$ 540.00
\$ 514.00
\$ 488.00
\$ 462.00
\$ 436.00
\$ 410.00
\$ 384.00
\$ 358.00
\$ 332.00