



QUESTION & ANSWER SHEET 2023/2024 INSURANCE SIGN-UPS



1. WHICH ENROLLMENT FORMS MUST BE COMPLETED?

All employees must complete:

(1) Sect. 125 Flexible Spending Accounts (FSA & DCA) 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 9th, 2023.

3. WHAT IS THE MONTHLY DISTRICT CONTRIBUTION AMOUNT?

Most eligible employees will receive \$849 for Medical and \$59 for Dental; part-time certified employees receive pro-rated amounts, all support staff working over 20 hours a week receive the full amount.

PREMIUMS

For each eligible employee, the District will continue to pay the full single medical and dental premiums.

RATES EFFECTIVE JULY 1, 2023

TOTAL MONTHLY PREMIUM AMOUNTS – MEDICAL/DENTAL INSURANCE

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>\$908</u>	<u>\$1,451</u>	<u>\$1,531</u>	<u>\$1,763</u>
MED-\$1,000 ind/\$2,000 fam; No Dental	<u>\$849</u>	<u>\$1,351</u>	<u>\$1,400</u>	<u>\$1,631</u>
DENTAL Only	<u>\$59</u>	<u>\$100</u>	<u>\$113</u>	<u>\$132</u>

EMPLOYEE COST (WITH DISTRICT CONTRIBUTION OF \$849 for Medical and \$59 for Dental)

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>0</u>	<u>\$543</u>	<u>\$605</u>	<u>\$855</u>
MED-\$1,000 ind/\$2,000 fam; No Dental	<u>0</u>	<u>\$502</u>	<u>\$551</u>	<u>\$782</u>
Dental	<u>0</u>	<u>\$41</u>	<u>\$54</u>	<u>\$73</u>

EMPLOYEE COST FOR VISION (NO CONTRIBUTION IS OFFERED FOR VISION)

VISION	MYSELF	MYSELF +SPOUSE	MYSELF+CHILDREN	MYSELF+ FAMILY
	<u>\$10.38</u>	<u>\$20.79</u>	<u>\$22.20</u>	<u>\$35.48</u>

