

July 1, 2021

**MEDICAL PREMIUMS
EFFECTIVE JULY 1, 2021 THRU JUNE 30, 2022**

	EMPLOYEE SHARE							EMPLOYER SHARE						
	% Paid by Employee	Per pay Single	Single Monthly	Single Monthly Premium	Per pay Family	Family Monthly	Family Monthly Premium	% Paid by Board	Per pay Single	Single Monthly	Single Monthly Premium	Per pay Family	Family Monthly	Family Monthly Premium
OAPSE EMPLOYEES														
Full Time	15%	\$ 44.62	\$ 89.25	\$594.98	\$ 110.67	\$ 221.33	\$ 1,475.56	85%	\$ 252.87	\$ 505.73	\$594.98	\$ 627.11	\$ 1,254.23	\$ 1,475.56
Less than 32 hours to 25 hrs	20%	\$ 59.50	\$ 119.00	\$594.98	\$ 147.56	\$ 295.11	\$ 1,475.56	80%	\$ 237.99	\$ 475.98	\$594.98	\$ 590.22	\$ 1,180.45	\$ 1,475.56
Less than 25 hours to 20 hrs	37.5%	\$ 111.56	\$ 223.12	\$594.98	\$ 276.67	\$ 553.34	\$ 1,475.56	62.5%	\$ 185.93	\$ 371.86	\$594.98	\$ 461.11	\$ 922.23	\$ 1,475.56
If Both Spouses Employed by district 5% reduction from above														
LEA EMPLOYEES														
Full Time	15%	\$ 44.62	\$ 89.25	\$594.98	\$ 110.67	\$ 221.33	\$ 1,475.56	85%	\$ 252.87	\$ 505.73	\$594.98	\$ 627.11	\$ 1,254.23	\$ 1,475.56
.80 TIME	20%	\$ 59.50	\$ 119.00	\$594.98	\$ 147.56	\$ 295.11	\$ 1,475.56	80%	\$ 237.99	\$ 475.98	\$594.98	\$ 590.22	\$ 1,180.45	\$ 1,475.56
.70 TIME	30%	\$ 89.25	\$ 178.49	\$594.98	\$ 221.33	\$ 442.67	\$ 1,475.56	70%	\$ 208.24	\$ 416.49	\$594.98	\$ 516.45	\$ 1,032.89	\$ 1,475.56
.60 TIME	40%	\$ 119.00	\$ 237.99	\$594.98	\$ 295.11	\$ 590.22	\$ 1,475.56	60%	\$ 178.49	\$ 356.99	\$594.98	\$ 442.67	\$ 885.34	\$ 1,475.56
.50 TIME	50%	\$ 148.75	\$ 297.49	\$594.98	\$ 368.89	\$ 737.78	\$ 1,475.56	50%	\$ 148.75	\$ 297.49	\$594.98	\$ 368.89	\$ 737.78	\$ 1,475.56
If Both Spouses Employed by district	10%	\$ 29.75	\$ 59.50	\$594.98	\$ 73.78	\$ 147.56	\$ 1,475.56	90%	\$ 267.74	\$ 535.48	\$594.98	\$ 664.00	\$ 1,328.00	\$ 1,475.56
ADMINISTRATIVE & EXEMPT EMPLOYEES														
Full Time	15%	\$ 44.62	\$ 89.25	\$594.98	\$ 110.67	\$ 221.33	\$ 1,475.56	85%	\$ 252.87	\$ 505.73	\$594.98	\$ 627.11	\$ 1,254.23	\$ 1,475.56
If Both Spouses Employed district	10%	\$ 29.75	\$ 59.50	\$594.98	\$ 73.78	\$ 147.56	\$ 1,475.56	90%	\$ 267.74	\$ 535.48	\$594.98	\$ 664.00	\$ 1,328.00	\$ 1,475.56

Dental and Life

PAID 100% BY BOARD (unless working less then standard)

Dental Insurance	Single-Mo	Family-Mo
07/01/21-no increase	\$ 80.91	\$ 80.91

Life Rate is .095 per \$1,000

07/01/21-no increase

Voluntary Vision Premiums Paid by Employee

Vision Premium	Single-Mo	Family-Mo
	\$ 7.91	\$ 20.46

*- Family
3.96 10.23 - per pay*

Cobra 102 970