

**Medical - Spousal Surcharge
of \$75, if Hired after 1/1/2018**



ANTHEM MEDICAL PPO

**CLOSED to all NEW enrollees
and TRANSFERS IN after 1/1/2022**
Deductible - \$1,000 Ind / \$2,000 Fam

	Total Cost
Single Plan	\$ 12,336.00
Annual Contribution	
Family Plan	\$ 30,192.00
Annual Contribution	

Effective January 1, 2025 thru December 31, 2025

Monthly Cost	
Corporation	Employee
\$ 736.00	\$ 292.00
\$ 8,832.00	\$ 3,504.00
\$ 1,806.00	\$ 710.00
\$ 21,672.00	\$ 8,520.00

Semi-Monthly Cost	
Corporation	Employee
\$ 368.00	\$ 146.00
\$ 903.00	\$ 355.00

ANTHEM MEDICAL HDHP

Deductible - \$3,300 Ind / \$6,000 Fam

	Total Cost
Single Plan	\$ 8,448.00
Annual Contribution	
Employee + one	\$ 20,832.00
Annual Contribution	
Family Plan	\$ 23,856.00
Annual Contribution	

Monthly Cost	
Corporation	Employee
\$ 506.00	\$ 198.00
\$ 6,072.00	\$ 2,376.00
\$ 1,242.00	\$ 494.00
\$ 14,904.00	\$ 5,928.00
\$ 1,420.00	\$ 568.00
\$ 17,040.00	\$ 6,816.00

Semi-Monthly Cost	
Corporation	Employee
\$ 253.00	\$ 99.00
\$ 621.00	\$ 247.00
\$ 710.00	\$ 284.00

ANTHEM MEDICAL CDHP

Deductible \$6,000 Ind / \$12,000 Fam

	Total Cost
Single Plan	\$ 7,344.00
Annual Contribution	
Employee + one	\$ 18,336.00
Annual Contribution	
Family Plan	\$ 21,000.00
Annual Contribution	

Monthly Cost	
Corporation	Employee
\$ 498.00	\$ 114.00
\$ 5,976.00	\$ 1,368.00
\$ 1,238.00	\$ 290.00
\$ 14,856.00	\$ 3,480.00
\$ 1,418.00	\$ 332.00
\$ 17,016.00	\$ 3,984.00

Semi-Monthly Cost	
Corporation	Employee
\$ 249.00	\$ 57.00
\$ 619.00	\$ 145.00
\$ 709.00	\$ 166.00

If you participate in a HD Health Plan and are not eligible for a Health Savings Account, the amounts below would be put into a Flexible Spending Account

CG HSA CONTRIBUTION

After 12/31/2018 HDHP E+1 = \$2000

	HDHP- Before 1/1/19 Contribution
Single Plan	\$ 1,450.00
Employee + 1 Plan	\$ 2,700.00
Family Plan	\$ 2,500.00

HDHP- After 12/31/2018	
Contribution	Jan/Aug
\$ 1,450.00	870 / 580
\$ 2,000.00	1620 / 1080 - 1200 / 800
\$ 2,500.00	1500 / 1000

CDHP Annual Contribution	
Jan/Aug	
\$ 700.00	420 / 280
\$ 1,000.00	600 / 400
\$ 1,200.00	720 / 480

DELTAL DENTAL

	Total Cost
Single Plan	\$ 519.12
Annual Contribution	
Employee + 1 Plan	\$ 957.60
Annual Contribution	
Family Plan	\$ 1,752.48
Annual Contribution	

Monthly Cost	
Corporation	Employee
\$ 24.38	\$ 18.88
\$ 292.56	\$ 226.56
\$ 35.76	\$ 44.04
\$ 429.12	\$ 528.48
\$ 68.56	\$ 77.48
\$ 822.72	\$ 929.76

Semi-Monthly Cost	
Corporation	Employee
\$ 12.19	\$ 9.44
\$ 17.88	\$ 22.02
\$ 34.28	\$ 38.74

ANTHEM VISION

	Total Cost
Single Plan	\$ 88.08
Annual Contribution	
Employee + 1 Plan	\$ 153.48
Annual Contribution	
Family Plan	\$ 245.64
Annual Contribution	

Monthly Cost	
Corporation	Employee
\$ 5.84	\$ 1.50
\$ 70.08	\$ 18.00
\$ 9.79	\$ 3.00
\$ 117.48	\$ 36.00
\$ 15.47	\$ 5.00
\$ 185.64	\$ 60.00

Semi-Monthly Cost	
Corporation	Employee
\$ 2.92	\$ 0.75
\$ 4.90	\$ 1.50
\$ 7.74	\$ 2.50

MADISON NATIONAL LIFE INSURANCE

	Total Cost
Administrator-Level A & B	\$ 266.88
\$195,000 Basic Life + AD&D	Annual Contribution
Certified Teachers	\$ 102.72
\$75,000 Basic Life + AD&D	Annual Contribution
Support-Level C	\$ 54.72
\$40,000 Basic Life + AD&D	Annual Contribution
Long Term Disability	0.00365

x annual salary

Monthly Cost	
Corporation	Employee
\$ 22.24	\$ 1.00
\$ 265.88	One-Time Deduction
\$ 8.56	\$ 1.00
\$ 101.72	One-Time Deduction
\$ 4.56	\$ 1.00
\$ 53.72	One-Time Deduction
0.00365	\$ 1.00
	One-Time Deduction

Semi-Monthly Cost	
Corporation	Employee
\$ 11.12	\$ -
\$ 4.28	\$ -
\$ 2.28	\$ -
	\$ -