MSEA Employees

HEALTH INSURANCE PLAN BENEFIT COSTS

$6,450 High Deductible Health Plan	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$789.00	$789.00	$0.00
Single + 1	$1,637.50	$899.00	$738.50
Family	$2,081.50	$899.00	$1,182.50

VEBA	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$899.00	$899.00	$0.00
Single + 1	$1,865.00	$899.00	$966.00
Family	$2,557.00	$899.00	$1,658.00

* VEBA HRA $1,200.00 annual district contribution divided into two equal installments

Triple Option	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$1,062.00	$899.00	$163.00
Single + 1	$2,210.50	$899.00	$1,311.50
Family	$3,023.50	$899.00	$2,124.50

Double Option	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$1,116.50	$899.00	$217.50
Single + 1	$2,322.00	$899.00	$1,423.00
Family	$3,183.00	$899.00	$2,284.00

Maxiumum District benefit up to single VEBA

DENTAL INSURANCE PLAN BENEFIT COSTS

	TOTAL COST PER MONTH	DISTRICT PAYS PER MONTH	YOU PAY PER MONTH
Single	$40.30	$34.90	$5.40
Single + 1	$79.12	$34.90	$44.22
Family	$131.78	$34.90	$96.88

* Dental insurance benefit up to $418.80 per year

GROUP LIFE /AD&D INSURANCE PLAN BENEFIT COSTS

Life/AD&D Benefit Amount: $50,000/$50,000
Cost: 100% Employer paid
Class: 8

SUPPLEMENTAL LIFE/AD&D INSURANCE PLAN BENEFIT COSTS

Employee Supplemental Life & AD&D Benefit: $10,000 increments to a $400,000 maximum
Guarantee Issue Level: $250,000

Spouse Supplemental Life & AD&D Benefit: $5,000 increments to a $200,000 maximum, not to exceed employee amount
Guarantee Issue Level: $40,000

Employee or Spouse Age	Life and AD&D combined Rate per $1,000
0-24	$0.09
25-29	$0.10
30-34	$0.11
35-39	$0.12
40-44	$0.16
45-49	$0.21
50-54	$0.32
55-59	$0.46
60-64	$0.69
65-69	$1.30
70-74	$2.09
75-99	$3.28

Child(ren) Supplemental Life & AD&D Benefit: $2,000 increments to a $10,000 maximum, not to exceed employee amount
Coverage amount for all children
Guarantee Issue Level: $10,000

Child(ren) Life & AD&D combined Rate: $0.23 per $1,000