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

Premiums Rate Sheet
Benefit Eligible Staff Member
Effective January 1, 2027 thru December 31, 2027

ANTHEM MEDICAL PPO

Deductible - $1,000 Ind / $2,000 Fam

CLOSED to all NEW enrollees and TRANSFERS IN after 1/1/2022

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	$ 13,968.00	$ 864.00	$ 300.00	$ 432.00	$ 150.00
Annual Contribution		$ 10,368.00	$ 3,600.00		
Family Plan	$ 34,296.00	$ 2,122.00	$ 736.00	$ 1,061.00	$ 368.00
Annual Contribution		$ 25,464.00	$ 8,832.00		

ANTHEM MEDICAL HDHP

Deductible - $3,500 Ind / $6,000 Fam

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	$ 9,528.00	$ 592.00	$ 202.00	$ 296.00	$ 101.00
Annual Contribution		$ 7,104.00	$ 2,424.00		
Employee + one	$ 23,640.00	$ 1,460.00	$ 510.00	$ 730.00	$ 255.00
Annual Contribution		$ 17,520.00	$ 6,120.00		
Family Plan	$ 27,072.00	$ 1,668.00	$ 588.00	$ 834.00	$ 294.00
Annual Contribution		$ 20,016.00	$ 7,056.00		

ANTHEM MEDICAL CDHP

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

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	$ 8,400.00	$ 582.00	$ 118.00	$ 291.00	$ 59.00
Annual Contribution		$ 6,984.00	$ 1,416.00		
Employee + one	$ 21,000.00	$ 1,452.00	$ 298.00	$ 726.00	$ 149.00
Annual Contribution		$ 17,424.00	$ 3,576.00		
Family Plan	$ 24,120.00	$ 1,666.00	$ 344.00	$ 833.00	$ 172.00
Annual Contribution		$ 19,992.00	$ 4,128.00		

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	HDHP- After 12/31/2018		CDHP Annual	
	Contribution	Contribution	Jan/Aug	Contribution	Jan/Aug
Single Plan	$ 1,450.00	$ 1,450.00	870 / 580	$ 700.00	420 / 280
Employee + 1 Plan	$ 2,700.00	$ 2,000.00	1620 /1080 - 1200 / 800	$ 1,000.00	600 / 400
Family Plan	$ 2,500.00	$ 2,500.00	1500 / 1000	$ 1,200.00	720 / 480

DELTAL DENTAL

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	$ 612.00	$ 32.12	$ 18.88	$ 16.06	$ 9.44
Annual Contribution		$ 385.44	$ 226.56		
Employee +1 Plan	$ 1,129.20	$ 50.06	$ 44.04	$ 25.03	$ 22.02
Annual Contribution		$ 600.72	$ 528.48		
Family Plan	$ 2,066.28	$ 94.71	$ 77.48	$ 47.36	$ 38.74
Annual Contribution		$ 1,136.52	$ 929.76		

ANTHEM VISION

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	$ 88.08	$ 5.84	$ 1.50	$ 2.92	$ 0.75
Annual Contribution		$ 70.08	$ 18.00		
Employee + 1 Plan	$ 153.48	$ 9.79	$ 3.00	$ 4.90	$ 1.50
Annual Contribution		$ 117.48	$ 36.00		
Family Plan	$ 245.64	$ 15.47	$ 5.00	$ 7.74	$ 2.50
Annual Contribution		$ 185.64	$ 60.00		

MADISON NATIONAL LIFE INSURANCE

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Administrator-Level A & B	$ 266.88	$ 22.24	$ 1.00	$ 11.12	$ -
$195,000 Basic Life + AD&D	Annual Contribution	$ 265.88	One-Time Deduction		
Certified Teachers	$ 102.72	$ 8.56	$ 1.00	$ 4.28	$ -
$75,000 Basic Life + AD&D	Annual Contribution	$ 101.72	One-Time Deduction		
Support-Level C	$ 54.72	$ 4.56	$ 1.00	$ 2.28	$ -
$40,000 Basic Life + AD&D	Annual Contribution	$ 53.72	One-Time Deduction		
Long Term Disability	0.00365	0.00365	$ 1.00		$ -
	x annual salary		One-Time Deduction		