

## INSURANCE RATE SCHEDULE - 2019-2020 SCHOOL YEAR

### EMPLOYEE HEALTH INSURANCE OPTIONS AND MONTHLY COSTS PAID BY EMPLOYEE

|                    | SELECT ONE<br><i>Blue Cross Health Options</i> |              |                | SELECT ONE<br>Dental Options |            | OPTIONAL<br>Vision | REQUIRED<br>Life/AD&D - 50K | OPTIONAL<br>Dependent Life -15k |
|--------------------|--|--------------|----------------|------------------------------|------------|--------------------|-----------------------------|---------------------------------|
|                    | Buy-Down<br>(HSA)                              | Base<br>Plan | Buy-Up<br>Plan | Delta                        | Willamette | VSP-LifeMap        | LifeMap                     | LifeMap                         |
|                    | Single Employee/Spouse                         | \$ 98.59     | \$ 131.84      | \$ 191.19                    | \$ -       | \$ -               | \$ 8.20                     | \$ 2.48                         |
| Employee/One Child | \$ 577.25                                      | \$ 639.05    | \$ 769.05      | \$ 44.14                     | \$ 51.29   | \$ 16.40           | \$ -                        | 9.25                            |
| Employee/Children  | \$ 331.69                                      | \$ 376.74    | \$ 467.59      | \$ 34.96                     | \$ 40.58   | \$ 17.56           | \$ -                        | 9.25                            |
| Family             | \$ 383.47                                      | \$ 437.47    | \$ 543.12      | \$ 70.43                     | \$ 81.78   | \$ 17.56           | \$ -                        | 9.25                            |
| Family             | \$ 617.11                                      | \$ 690.26    | \$ 840.46      | \$ 107.47                    | \$ 124.74  | \$ 28.05           | \$ -                        | 9.25                            |

*District pays: A portion of the selected Health Plan, 100% Employee Dental and 60% of a \$50K Employee Term Life w/AD&D Life Policy. \$15K Dependent Life Ins. \$9.25 per month.*

*Add costs for each selected option to calculate monthly payroll deduction.*

### BENEFITS OVERVIEW (REFER TO FULL BENEFIT SUMMARIES FOR QUESTIONS)

| BLUE CROSS PPO PLAN benefits based upon first person only |          |          |          | DELTA DENTAL                          |      | WILLAMETTE DENTAL  |  | VSP - (LIFE MAP)                             |  | LIFE MAP  |  |
|---|----------|----------|----------|---------------------------------------|------|--|--|--|--|---|--|
| Annual Deductible   | \$ 3,000 | \$ 3,000 | \$ 2,000 | Preventative/Restorative              |      | General Office Visit \$15  |  | Exam, lens & frame allowance every 12 months |  | Term Life Insurance with AD&D (accidental death & dismemberment). Term Life Coverage for spouse and dependent children under age 26 available for \$9.25/ month. Additional voluntary coverage available. Contact payroll for more information. |  |
| Out of Pocket Max (includes deductible)                   | \$ 5,800 | \$ 5,500 | \$ 5,000 | Year 1                                | 70%  | No Annual Max or Deductible  |  |  |  |   |  |
| Co-Insurance  | 70%      | 70 / 50  | 80 / 60  | *Year 2                               | 80%  | Diagnostic & preventative services covered with office visit copay.    |  |  |  |   |  |
| Office Vist Co-Pay  | 30%/ded  | \$ 30    | \$ 20    | *Year 3                               | 90%  |  |  |  |  |   |  |
| Pharmacy Co-Pay   |          |          |          | *Year 4                               | 100% | ONLY ACCEPTED at Willamette Dental Offices - Nearest office/Twin Falls |  |  |  |   |  |
| Generic   | 30%/ded  | \$ 10    | \$ 10    | *Contingent upon 1 visit per year     |      |  |  |  |  |   |  |
| Brand / Non-Formulary                                     | 30%/ded  | \$ 30    | \$ 30    | Major Services 50% Annual Max \$1,500 |      |  |  |  |  |   |  |
| Brand / Formulary (\$250 ded)                             | 30%/ded  | \$ 50    | \$ 50    |                                       |      |  |  |  |  |   |  |

### AMOUNT CONTRIBUTED BY SCHOOL DISTRICT ON EMPLOYEE'S BEHALF

|                        | Health     | Dental   |            | Vision | Life - \$50k | Total District Contribution |
|------------------------|------------|----------|------------|--------|--------------|-----------------------------|
|                        | Blue Cross | Delta    | Willamette | VSP    | LifeMap      |                             |
| Single Employee/Spouse | \$ 495.99  | \$ 37.91 | \$ 43.98   | \$ -   | \$ 3.72      | \$ 537.62                   |
| Employee/One Child     | \$ 720.63  | \$ 37.91 | \$ 43.98   | \$ -   | \$ 3.72      | \$ 762.26                   |
| Employee/Children      | \$ 577.04  | \$ 37.91 | \$ 43.98   | \$ -   | \$ 3.72      | \$ 618.67                   |
| Family                 | \$ 670.06  | \$ 37.91 | \$ 43.98   | \$ -   | \$ 3.72      | \$ 711.69                   |
| Family                 | \$ 878.52  | \$ 37.91 | \$ 43.98   | \$ -   | \$ 3.72      | \$ 920.15                   |

*Eligible employees who work less than full time will receive district paid benefits based upon the percentage of time worked. (Example: 50% teaching contract will receive 50% of benefits paid for a full-time employee.)*

**Eligibility Requirement:** Health Insurance - 85% contract for certified employees - 30 hours per week minimum for classified employee.

Persi, Dental & Life Ins. - 50% contract for certified employees - 20 hours per week minimum for classified employee.

**Additional Requirement:** Must work five (5) consecutive months without a break in service, i.e.: 9 month staff hired after January 1st, do not meet this requirement, they may be eligible for benefits on September 1st the following school year.

**Note:** When BOTH spouses work for the district AND both meet health ins. Eligibility requirements; they may combine district health contributions per individual and apply them to their selected Employee/Spouse or Family plan. (Note: It is not always financially beneficial to do so; depending upon the selected health plan and associated deductible.)

| Sterling Urgent Care Membership (Not an Insurance) | Individual Employee | Family Rate (up to 4 people) | Extra per dependent beyond 4 | Membership includes unlimited office visits, general medical care, physicals, and sports medicine. X-Ray Co-Pay \$15, In-House Labs Co-Pay \$15, Generic Prescriptions \$10, and immunizations. (refer to flyer) |
|--|---------------------|------------------------------|------------------------------|--|
|  | \$ 20.00            | \$ 60.00                     | \$ 10.00                     | <b>THIS IS NOT A HEALTH INSURANCE. This is a membership to an Urgent Care Clinic.</b>  |