

## **Health Benefit Information 2018/2019**

Deductible \$500/\$1000  
Coinsurance 10%/20%  
OPM \$1000/\$2000  
Office Visit Copay 10% to a max of \$20  
Blue Rx \$5/\$25  
Includes Annual Physical  
Includes Immunizations

Monthly Premium  
Single \$567.00  
Family \$1416.00

Employees can participate in the district's insurance plan if they have a .75 FTE contract for salaried staff or work 30 hours or more weekly for hourly staff.

**BEA** - 87.5% of the single premium is paid by the district (\$496.12/month) and the employee contributes 12.5% (\$70.88/month). The employee contributes 12.5% of the family premium cost (\$177/month) and the district contributes 87.5% of the cost (\$1239/month).

**Administrators, Supervisors, Technology** - Employees contribute 12.5% of the single (\$70.88/month) and the family (\$177/month). The district pays 87.5% of the single (\$496.12/month) and 87.5% of the family (\$1239/month).

**Administrative Assistants & BESA** - Employees contribute 12.5% of the single (\$70.88/month) and the family (\$177/month). The district pays 87.5% of the single (\$496.12/month) and the family (\$1239/month).

**SEIU** – 87.5% of the single premium is paid by the district (\$496.12/month) and the employee contributes 12.5% (70.88/month). The employee contributes 12.5% (\$177/month) of the family cost and the district pays 87.5% of the family cost(\$1239/month).