

Health Benefit Information 2016/2017

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 \$520.00
Family \$1280.00

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 - 100% of the single premium is paid by the district. The employee contributes 10% of the family premium cost (\$128/month) and the employer contributes 90% of the cost (\$1152/month).

Administrators, Supervisors, Technology - Employees contribute 10% of the single (\$52/month) and the family (\$128/month). The district pays 90% of the single (\$468/month) and 90% of the family (\$1152/month).

Administrative Assistants & BESA - Employees contribute 8% of the single (\$41.60/month) and the family (\$102.40/month). The district pays 92% of the single (\$478.40/month) and the family (\$1177.60/month).

SEIU – 100% of the single premium is paid by the district. The employee contributes 10% (\$76/month) of the difference between the single plan and the family plan and the district pays the difference (\$1204/month) toward family coverage.