

Health Benefit Information 2019/2020

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 \$603.18
Family \$1507.88

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 - 85% of the single premium is paid by the district (\$512.70/month) and the employee contributes 15% (\$90.48/month). The employee contributes 15% of the family premium cost (\$226.18/month) and the district contributes 85% of the cost (\$1281.70/month).

Administrators, Supervisors, Technology - Employees contribute 15% of the single (\$90.48/month) and the family (\$226.18/month). The district pays 85% of the single (\$512.70/month) and 85% of the family (\$1281.70/month).

Administrative Assistants & BESA - Employees contribute 15% of the single (\$90.48/month) and the family (\$226.18/month). The district pays 85% of the single (\$512.70/month) and the family (\$1281.70/month).

SEIU – 85% of the single premium is paid by the district (\$512.70/month) and the employee contributes 15% (90.48/month). The employee contributes 15% (\$226.18/month) of the family cost and the district pays 85% of the family cost(\$1281.70/month).