

## **Health Benefit Information 2020/2021**

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

Monthly Premium  
Single \$636.35  
Family \$1590.81

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 (\$540.90/month) and the employee contributes 15% (\$95.45/month). The employee contributes 15% of the family premium cost (\$238.62/month) and the district contributes 85% of the cost (\$1352.19/month).

**Administrators, Supervisors, Technology** - Employees contribute 15% of the single (\$95.45/month) and the family (\$238.62/month). The district pays 85% of the single (\$540.90/month) and 85% of the family (\$1352.19/month).

**Administrative Assistants & BESA** - Employees contribute 15% of the single (\$95.45/month) and the family (\$238.62/month). The district pays 85% of the single (\$540.90/month) and the family (\$1352.19/month).

**SEIU** – 85% of the single premium is paid by the district (\$540.90/month) and the employee contributes 15% (95.45/month). The employee contributes 15% (\$238.62/month) of the family cost and the district pays 85% of the family cost(\$1352.19/month).