

# Benefit Pricing Guide 2018-2019

**BENEFIT CREDIT ALLOWANCE: \$9,840.00**

**The District provides "Employee Only" Health & Dental Coverage. In addition, Board Paid Life and Disability are provided at no reduction to your benefit allowance. All Dependent Premiums are the responsibility of the employee's.**

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**HEALTH PLAN ....Anthem Blue Cross/Blue Shield HealthCare - Active Premium**

<b>CORRIDOR:</b>	Employee (monthly)	Spouse (monthly)	Child(ren) (monthly)	Spouse & Child(ren) (monthly)
<b>\$500</b>	\$774.00	\$740.00	\$633.00	\$1256.00
<b>\$1,000</b>	\$739.00	\$706.00	\$593.00	\$1205.00
<b>\$2,000</b>	\$687.00	\$661.00	\$536.00	\$1112.00

**(KIDZ Plan)**

(Individual Child)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$209.00	<input type="checkbox"/> N/A
(Multiple Children)	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> \$417.00	<input type="checkbox"/> N/A

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<b><u>DENTAL PLANS</u></b>	Employee (monthly)	Spouse (monthly)	Child(ren) (monthly)	Spouse & Child(ren) (monthly)
Delta Dental (Premier- PPO)	\$46.00	\$42.00	\$70.00	\$112.00
Delta Dental (EPO - PPO)	\$21.00	\$14.00	\$18.00	\$38.00

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## Optional Coverage

**VISION CARE.**

UHC Vision	Employee (monthly)	Spouse/Child(ren) (monthly)
	\$5.79/month	\$16.76/month

**LIFE INSURANCE (optional)**

**Additional**

**Dependent**

The Hartford	50% Annual Salary .272 per \$1000	1x Annual Salary .272 per \$1000	2x Annual Salary .272 per \$1000	3x Annual Salary .272 per \$1000	Spouse/\$7500-Child/\$2000 \$2.00 per month
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Maximum supplemental is \$250,000.

**PRE-PAID LEGAL PROGRAM**

Hyatt Legal	\$15.40/month (includes spouse and legal dependents)
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**SECTION 125** (application is necessary each year. If participating, there is a \$3.55 per month fee).

<b>Pay locity:</b>	Medical/Dental Expenses (Un-reimbursed) (Benefit Card)	Dependent Care Expenses (Child Care Reimbursement)
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**(All dependent premiums will be automatically tax-sheltered at no charge to employee. No form is needed).**