



Premiums Rate Sheet Full-Time Staff Member

Effective January 1, 2018 thru December 31, 2018

ANTHEM MEDICAL PPO

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 8,894.00	\$ 515.17	\$ 226.00	\$ 257.58	\$ 113.00
	Annual Contribution	\$ 6,182.00	\$ 2,712.00		
Family Plan	\$ 21,711.00	\$ 1,259.25	\$ 550.00	\$ 629.63	\$ 275.00
	Annual Contribution	\$ 15,111.00	\$ 6,600.00		

ANTHEM MEDICAL HDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 6,106.00	\$ 352.83	\$ 156.00	\$ 176.42	\$ 78.00
	Annual Contribution	\$ 4,234.00	\$ 1,872.00		
Employee + one	\$ 14,956.00	\$ 862.33	\$ 384.00	\$ 431.17	\$ 192.00
	Annual Contribution	\$ 10,348.00	\$ 4,608.00		
Family Plan	\$ 17,131.00	\$ 987.58	\$ 440.00	\$ 493.79	\$ 220.00
	Annual Contribution	\$ 11,851.00	\$ 5,280.00		

ANTHEM MEDICAL CDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 5,280.00	\$ 334.00	\$ 106.00	\$ 167.00	\$ 53.00
	Annual Contribution	\$ 4,008.00	\$ 1,272.00		
Employee + one	\$ 12,960.00	\$ 820.00	\$ 260.00	\$ 410.00	\$ 130.00
	Annual Contribution	\$ 9,840.00	\$ 3,120.00		
Family Plan	\$ 14,904.00	\$ 944.00	\$ 298.00	\$ 472.00	\$ 149.00
	Annual Contribution	\$ 11,328.00	\$ 3,576.00		

CG HSA CONTRIBUTION

	HDHP Annual Contribution	CDHP Annual Contribution
Single Plan	\$ 1,450.00	\$ 700.00
Employee + 1 Plan	\$ 2,800.00	\$ 1,000.00
Family Plan	\$ 2,490.00	\$ 1,200.00

DELTA DENTAL

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 519.12	\$ 24.38	\$ 18.88	\$ 12.19	\$ 9.44
	Annual Contribution	\$ 292.56	\$ 226.56		
Employee +1 Plan	\$ 957.60	\$ 35.76	\$ 44.04	\$ 17.88	\$ 22.02
	Annual Contribution	\$ 429.12	\$ 528.48		
Family Plan	\$ 1,752.48	\$ 68.56	\$ 77.48	\$ 34.28	\$ 38.74
	Annual Contribution	\$ 822.72	\$ 929.76		

ANTHEM VISION

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 88.08	\$ 5.84	\$ 1.50	\$ 3.62	\$ 0.75
	Annual Contribution	\$ 70.08	\$ 18.00		
Employee + 1 Plan	\$ 153.48	\$ 9.79	\$ 3.00	\$ 7.39	\$ 1.50
	Annual Contribution	\$ 117.48	\$ 36.00		
Family Plan	\$ 245.64	\$ 15.47	\$ 5.00	\$ 11.98	\$ 2.50
	Annual Contribution	\$ 185.64	\$ 60.00		

MADISON NATIONAL LIFE INSURANCE

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Administrator-Level A & B \$195,000 Basic Life + AD&D	\$ 243.36	\$ 20.28	\$ 1.00	\$ 10.14	\$ -
	Annual Contribution	\$ 242.36	One-Time Deduction		
Certified Teachers \$75,000 Basic Life + AD&D	\$ 93.60	\$ 7.80	\$ 1.00	\$ 3.90	\$ -
	Annual Contribution	\$ 92.60	One-Time Deduction		
Support-Level C \$40,000 Basic Life + AD&D	\$ 49.92	\$ 4.16	\$ 1.00	\$ 2.08	\$ -
	Annual Contribution	\$ 48.92	One-Time Deduction		
Long Term Disability	0.00365	0.00365	\$ 1.00		\$ -
	x annual salary		One-Time Deduction		