



Premiums Rate Sheet Full-Time Staff Member

Effective January 1, 2019 thru December 31, 2019

ANTHEM MEDICAL PPO

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 8,904.00	\$ 516.00	\$ 226.00	\$ 258.00	\$ 113.00
	Annual Contribution	\$ 6,192.00	\$ 2,712.00		
Family Plan	\$ 21,720.00	\$ 1,260.00	\$ 550.00	\$ 630.00	\$ 275.00
	Annual Contribution	\$ 15,120.00	\$ 6,600.00		

ANTHEM MEDICAL HDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 6,096.00	\$ 352.00	\$ 156.00	\$ 176.00	\$ 78.00
	Annual Contribution	\$ 4,224.00	\$ 1,872.00		
Employee + one	\$ 14,952.00	\$ 862.00	\$ 384.00	\$ 431.00	\$ 192.00
	Annual Contribution	\$ 10,344.00	\$ 4,608.00		
Family Plan	\$ 17,136.00	\$ 988.00	\$ 440.00	\$ 494.00	\$ 220.00
	Annual Contribution	\$ 11,856.00	\$ 5,280.00		

ANTHEM MEDICAL CDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 5,304.00	\$ 350.00	\$ 92.00	\$ 175.00	\$ 46.00
	Annual Contribution	\$ 4,200.00	\$ 1,104.00		
Employee + one	\$ 13,008.00	\$ 858.00	\$ 226.00	\$ 429.00	\$ 113.00
	Annual Contribution	\$ 10,296.00	\$ 2,712.00		
Family Plan	\$ 14,976.00	\$ 988.00	\$ 260.00	\$ 494.00	\$ 130.00
	Annual Contribution	\$ 11,856.00	\$ 3,120.00		

CG HSA CONTRIBUTION

	HDHP Annual Contribution	HDHP Annual 1/1/19 Contribution	CDHP Annual Contribution
Single Plan	\$ 1,450.00	\$ 1,450.00	\$ 700.00
Employee + 1 Plan	\$ 2,700.00	\$ 2,000.00	\$ 1,000.00
Family Plan	\$ 2,500.00	\$ 2,500.00	\$ 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	\$ 2.92	\$ 0.75
	Annual Contribution	\$ 70.08	\$ 18.00		
Employee + 1 Plan	\$ 153.48	\$ 9.79	\$ 3.00	\$ 4.90	\$ 1.50
	Annual Contribution	\$ 117.48	\$ 36.00		
Family Plan	\$ 245.64	\$ 15.47	\$ 5.00	\$ 7.74	\$ 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		