



Premiums Rate Sheet Full-Time Staff Member

Effective January 1, 2021 thru December 31, 2021

ANTHEM MEDICAL PPO

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 10,320.00	\$ 608.00	\$ 252.00	\$ 304.00	\$ 126.00
	Annual Contribution	\$ 7,296.00	\$ 3,024.00		
Family Plan	\$ 25,200.00	\$ 1,488.00	\$ 612.00	\$ 744.00	\$ 306.00
	Annual Contribution	\$ 17,856.00	\$ 7,344.00		

ANTHEM MEDICAL HDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 7,080.00	\$ 418.00	\$ 172.00	\$ 209.00	\$ 86.00
	Annual Contribution	\$ 5,016.00	\$ 2,064.00		
Employee + one	\$ 17,376.00	\$ 1,022.00	\$ 426.00	\$ 511.00	\$ 213.00
	Annual Contribution	\$ 12,264.00	\$ 5,112.00		
Family Plan	\$ 19,920.00	\$ 1,170.00	\$ 490.00	\$ 585.00	\$ 245.00
	Annual Contribution	\$ 14,040.00	\$ 5,880.00		

ANTHEM MEDICAL CDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 6,144.00	\$ 412.00	\$ 100.00	\$ 206.00	\$ 50.00
	Annual Contribution	\$ 4,944.00	\$ 1,200.00		
Employee + one	\$ 15,216.00	\$ 1,018.00	\$ 250.00	\$ 509.00	\$ 125.00
	Annual Contribution	\$ 12,216.00	\$ 3,000.00		
Family Plan	\$ 17,472.00	\$ 1,168.00	\$ 288.00	\$ 584.00	\$ 144.00
	Annual Contribution	\$ 14,016.00	\$ 3,456.00		

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		