



Premiums Rate Sheet Full-Time Staff Member

Effective January 1, 2020 thru December 31, 2020

ANTHEM MEDICAL PPO

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 9,720.00	\$ 562.00	\$ 248.00	\$ 281.00	\$ 124.00
	Annual Contribution	\$ 6,744.00	\$ 2,976.00		
Family Plan	\$ 23,712.00	\$ 1,374.00	\$ 602.00	\$ 687.00	\$ 301.00
	Annual Contribution	\$ 16,488.00	\$ 7,224.00		

ANTHEM MEDICAL HDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 6,672.00	\$ 386.00	\$ 170.00	\$ 193.00	\$ 85.00
	Annual Contribution	\$ 4,632.00	\$ 2,040.00		
Employee + one	\$ 16,368.00	\$ 944.00	\$ 420.00	\$ 472.00	\$ 210.00
	Annual Contribution	\$ 11,328.00	\$ 5,040.00		
Family Plan	\$ 18,768.00	\$ 1,082.00	\$ 482.00	\$ 541.00	\$ 241.00
	Annual Contribution	\$ 12,984.00	\$ 5,784.00		

ANTHEM MEDICAL CDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 5,784.00	\$ 382.00	\$ 100.00	\$ 191.00	\$ 50.00
	Annual Contribution	\$ 4,584.00	\$ 1,200.00		
Employee + one	\$ 14,232.00	\$ 940.00	\$ 246.00	\$ 470.00	\$ 123.00
	Annual Contribution	\$ 11,280.00	\$ 2,952.00		
Family Plan	\$ 16,368.00	\$ 1,080.00	\$ 284.00	\$ 540.00	\$ 142.00
	Annual Contribution	\$ 12,960.00	\$ 3,408.00		

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		