



Premiums Rate Sheet

Full-Time Staff Member

Effective January 1, 2022 thru December 31, 2022

Medical - Spousal Surcharge \$75
if Hired after 1/1/2018

ANTHEM MEDICAL PPO

Closed to all NEW enrollees hired
after 1/1/2020 and TRANSFERS IN
after 1/1/2022

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 11,664.00	\$ 688.00	\$ 284.00	\$ 344.00	\$ 142.00
Annual Contribution		\$ 8,256.00	\$ 3,408.00		
Family Plan	\$ 28,512.00	\$ 1,686.00	\$ 690.00	\$ 843.00	\$ 345.00
Annual Contribution		\$ 20,232.00	\$ 8,280.00		

ANTHEM MEDICAL HDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 8,016.00	\$ 474.00	\$ 194.00	\$ 237.00	\$ 97.00
Annual Contribution		\$ 5,688.00	\$ 2,328.00		
Employee + one	\$ 19,656.00	\$ 1,158.00	\$ 480.00	\$ 579.00	\$ 240.00
Annual Contribution		\$ 13,896.00	\$ 5,760.00		
Family Plan	\$ 22,536.00	\$ 1,326.00	\$ 552.00	\$ 663.00	\$ 276.00
Annual Contribution		\$ 15,912.00	\$ 6,624.00		

ANTHEM MEDICAL CDHP

	Total Cost	Monthly Cost		Semi-Monthly Cost	
		Corporation	Employee	Corporation	Employee
Single Plan	\$ 6,936.00	\$ 466.00	\$ 112.00	\$ 233.00	\$ 56.00
Annual Contribution		\$ 5,592.00	\$ 1,344.00		
Employee + one	\$ 17,232.00	\$ 1,154.00	\$ 282.00	\$ 577.00	\$ 141.00
Annual Contribution		\$ 13,848.00	\$ 3,384.00		
Family Plan	\$ 19,776.00	\$ 1,324.00	\$ 324.00	\$ 662.00	\$ 162.00
Annual Contribution		\$ 15,888.00	\$ 3,888.00		

If you participate in a HD Health Plan and are not eligible for a Health Savings Account, the amounts below would be put into a Flexible Spending Account

CG HSA CONTRIBUTION

After 12/31/2018 HDHP E+1 = \$2000

	HDHP Annual Contribution	HDHP Annual 1/1/19 Contribution		CDHP Annual Contribution	
		Jan/Aug	Jan/Aug	Jan/Aug	Jan/Aug
Single Plan	\$ 1,450.00	\$ 1,450.00	870 / 580	\$ 700.00	420 / 280
Employee + 1 Plan	\$ 2,700.00	\$ 2,000.00	1620 / 1080 - 1200 / 800	\$ 1,000.00	600 / 400
Family Plan	\$ 2,500.00	\$ 2,500.00	1500 / 1000	\$ 1,200.00	720 / 480

DELTA DENTAL

	Total Cost	Corporation		Employee	
		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	\$ 266.88	\$ 22.24	\$ 1.00	\$ 11.12	\$ -
Annual Contribution		\$ 265.88	One-Time Deduction		
Certified Teachers \$75,000 Basic Life + AD&D	\$ 102.72	\$ 8.56	\$ 1.00	\$ 4.28	\$ -
Annual Contribution		\$ 101.72	One-Time Deduction		
Support-Level C \$40,000 Basic Life + AD&D	\$ 54.72	\$ 4.56	\$ 1.00	\$ 2.28	\$ -
Annual Contribution		\$ 53.72	One-Time Deduction		
Long Term Disability	0.00365	0.00365	\$ 1.00		\$ -
	x annual salary		One-Time Deduction		