

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates
2019-2020 Plan Year
PacificSource

LICENSED EMPLOYEES

FULL TIME EMPLOYEES
0.75 - 1.00 FTE

PART-TIME EMPLOYEES
0.50 - 0.75 FTE
EMPLOYEE ONLY

PART-TIME EMPLOYEES
0.50 - 0.75 FTE
EMPLOYEE & SPOUSE

PART-TIME EMPLOYEES
0.50 - 0.75 FTE
FAMILY

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$50,000)	\$ 6.45	\$ 6.45	\$ 6.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,679.91	\$ 1,308.54	\$ 1,245.93
District Contribution	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$50,000)	\$ 6.45	\$ 6.45	\$ 6.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,679.91	\$ 1,308.54	\$ 1,245.93
District Contribution	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$50,000)	\$ 6.45	\$ 6.45	\$ 6.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,679.91	\$ 1,308.54	\$ 1,245.93
District Contribution	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00

Total Out of Pocket \$ 179.91
HSA Contribution \$ 191.46
HRA VEBA Contribution \$ 254.07

Total Out of Pocket \$ 179.91
HSA Contribution \$ 191.46
HRA VEBA Contribution \$ 254.07

Total Out of Pocket \$ 700.07 \$ 400.71 \$ 363.48

CLASSIFIED EMPLOYEES

FULL TIME EMPLOYEES
7.00 - 8.00 HOURS PER DAY
35.00 - 40.00 HOURS PER WEEK

PART-TIME EMPLOYEES
6.00 - 6.99 HOURS PER DAY
30.00 - 34.99 HOURS PER WEEK

PART-TIME EMPLOYEES
4.00 - 5.99 HOURS PER DAY
20.00 - 29.99 HOURS PER WEEK

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$6,000)	\$ 1.17	\$ 1.17	\$ 1.17
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,674.63	\$ 1,303.26	\$ 1,240.65
District Contribution	\$ 1,425.00	\$ 1,425.00	\$ 1,425.00

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$6,000)	\$ 1.17	\$ 1.17	\$ 1.17
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,674.63	\$ 1,303.26	\$ 1,240.65
District Contribution	\$ 1,282.50	\$ 1,282.50	\$ 1,282.50

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$6,000)	\$ 1.17	\$ 1.17	\$ 1.17
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,674.63	\$ 1,303.26	\$ 1,240.65
District Contribution	\$ 1,140.00	\$ 1,140.00	\$ 1,140.00

Total Out of Pocket \$ 249.63
HSA Contribution \$ 121.74
HRA VEBA Contribution \$ 184.35

Total Out of Pocket \$ 392.13 \$ 20.76
HSA Contribution \$ 41.85

Total Out of Pocket \$ 534.63 \$ 163.26 \$ 100.65

Long Term Disability premium is estimated based on a salary of \$50,000 per year. If your salary is more or less than \$50,000, your premiums will increase or decrease.
 For example - Salary of \$25,000 per year is \$3.33 per month, Salary of \$75,000 per year is \$10.00 per month, Salary of \$100,000 per year is \$13.33 per month
 Please use this formula to figure your monthly cost - Monthly Salary x .6667 / 100 x .24 = your monthly LTD cost

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ADMINISTRATIVE EMPLOYEES

SUPERINTENDENT

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$100,000)	\$ 12.45	\$ 12.45	\$ 12.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,685.91	\$ 1,314.54	\$ 1,251.93
District Contribution	\$ 1,560.00	\$ 1,560.00	\$ 1,560.00

Total Out of Pocket \$ 125.91
HSA Contribution \$ 245.46
HRA VEBA Contribution \$ 308.07

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$150,000)	\$ 18.45	\$ 18.45	\$ 18.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,691.91	\$ 1,320.54	\$ 1,257.93
District Contribution	\$ 1,932.00	\$ 1,932.00	\$ 1,932.00

Total Out of Pocket \$0.00
HSA Contribution \$ 611.46
HRA VEBA Contribution \$ 674.07

CONFIDENTIAL EMPLOYEES

FACILITIES & MAINTENANCE MANAGERS

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$20,000)	\$ 2.85	\$ 2.85	\$ 2.85
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,676.31	\$ 1,304.94	\$ 1,242.33
District Contribution	\$ 1,632.00	\$ 1,632.00	\$ 1,632.00

Total Out of Pocket \$ 44.31
HSA Contribution \$ 327.06
HRA VEBA Contribution \$ 389.67

	SC \$1500 Ded	SC \$2000 HSA	SC \$5000 Ded
Medical & Rx	\$ 1,491.90	\$ 1,120.53	\$ 1,057.92
Vision	\$ 25.90	\$ 25.90	\$ 25.90
Dental	\$ 148.99	\$ 148.99	\$ 148.99
Life (\$50,000)	\$ 6.45	\$ 6.45	\$ 6.45
Long Term Disability	\$ 6.67	\$ 6.67	\$ 6.67
Total	\$ 1,679.91	\$ 1,308.54	\$ 1,245.93
District Contribution	\$ 1,632.00	\$ 1,632.00	\$ 1,632.00

Total Out of Pocket \$ 47.91
HSA Contribution \$ 323.46
HRA VEBA Contribution \$ 386.07

Long Term Disability premium is estimated based on a salary of \$50,000 per year. If your salary is more or less than \$50,000, your premiums will increase or decrease.
 For example - Salary of \$25,000 per year is \$3.33 per month, Salary of \$75,000 per year is \$10.00 per month, Salary of \$100,000 per year is \$13.33 per month
 Please use this formula to figure your monthly cost - Monthly Salary x .6667 / 100 x .24 = your monthly LTD cost