

FERN RIDGE SCHOOL DISTRICT 28J
Group Health Premium Rates
2020-2021 Plan Year

LICENSED EMPLOYEES

	FULL TIME EMPLOYEES 0.75 - 1.00 FTE			PART-TIME EMPLOYEES 0.50 - 0.75 FTE EMPLOYEE & SPOUSE			PART-TIME EMPLOYEES 0.50 - 0.75 FTE FAMILY		
	\$2000 SC	\$2500 HSA	\$6000 SC	\$2000 SC	\$2500 HSA	\$6000 SC	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93	29.93	29.93	29.93	29.93	29.93	29.93
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Life (\$50,000)	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45	6.45
Long Term Disability	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Total	\$ 1,859.93	\$ 1,459.79	\$ 1,430.68	\$ 1,859.93	\$ 1,459.79	\$ 1,430.68	\$ 1,859.93	\$ 1,459.79	\$ 1,430.68
District Contribution	\$ 1,550.00	\$ 1,550.00	\$ 1,550.00	\$ 1,550.00	\$ 1,550.00	\$ 1,550.00	\$ 975.95	\$ 1,014.09	\$ 1,012.42
Total Out of Pocket	\$ 309.93	\$ -	\$ -	\$ 309.93	\$ -	\$ -	\$ 883.98	\$ 445.70	\$ 418.26
HSA Contribution	\$ -	\$ 90.21	\$ -	\$ -	\$ 90.21	\$ -	\$ -	\$ -	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 119.32	\$ -	\$ -	\$ 119.32	\$ -	\$ -	\$ -

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		
	\$2000 SC	\$2500 HSA	\$6000 SC	\$2000 SC	\$2500 HSA	\$6000 SC	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93	29.93	29.93	29.93	29.93	29.93	29.93
Dental	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87	166.87
Life (\$6,000)	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17	1.17
Long Term Disability	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00
Total	\$ 1,854.65	\$ 1,454.51	\$ 1,425.40	\$ 1,854.65	\$ 1,454.51	\$ 1,425.40	\$ 1,854.65	\$ 1,454.51	\$ 1,425.40
District Contribution	\$ 1,475.00	\$ 1,475.00	\$ 1,475.00	\$ 1,327.50	\$ 1,327.50	\$ 1,327.50	\$ 1,180.00	\$ 1,180.00	\$ 1,180.00
Total Out of Pocket	\$ 379.65	\$ -	\$ -	\$ 527.15	\$ 127.01	\$ 97.90	\$ 674.65	\$ 274.51	\$ 245.40
HSA Contribution	\$ -	\$ 20.49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93
Dental	166.87	166.87	166.87
Life (\$100,000)	12.45	12.45	12.45
Long Term Disability	10.00	10.00	10.00
Total	\$ 1,865.93	\$ 1,465.79	\$ 1,436.68
District Contribution	\$ 1,610.00	\$ 1,610.00	\$ 1,610.00

Total Out of Pocket	\$ 255.93	\$ -	\$ -
HSA Contribution	\$ -	\$ 144.21	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 173.32

SUPERINTENDENT

	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93
Dental	166.87	166.87	166.87
Life (\$150,000)	18.45	18.45	18.45
Long Term Disability	10.00	10.00	10.00
Total	\$ 1,871.93	\$ 1,471.79	\$ 1,442.68
District Contribution	\$ 1,982.00	\$ 1,982.00	\$ 1,982.00

Total Out of Pocket	\$ -	\$ -	\$ -
HSA Contribution	\$ -	\$ 510.21	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 539.32

CONFIDENTIAL EMPLOYEES

	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93
Dental	166.87	166.87	166.87
Life (\$20,000)	2.85	2.85	2.85
Long Term Disability	10.00	10.00	10.00
Total	\$ 1,856.33	\$ 1,456.19	\$ 1,427.08
District Contribution	\$ 1,682.00	\$ 1,682.00	\$ 1,682.00

Total Out of Pocket	\$ 174.33	\$ -	\$ -
HSA Contribution	\$ -	\$ 225.81	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 254.92

FACILITIES & MAINTENANCE MANAGERS

	\$2000 SC	\$2500 HSA	\$6000 SC
Medical & Rx	\$ 1,646.68	\$ 1,246.54	\$ 1,217.43
Vision	29.93	29.93	29.93
Dental	166.87	166.87	166.87
Life (\$50,000)	6.45	6.45	6.45
Long Term Disability	10.00	10.00	10.00
Total	\$ 1,859.93	\$ 1,459.79	\$ 1,430.68
District Contribution	\$ 1,682.00	\$ 1,682.00	\$ 1,682.00

Total Out of Pocket	\$ 177.93	\$ -	\$ -
HSA Contribution	\$ -	\$ 222.21	\$ -
HRA VEBA Contribution	\$ -	\$ -	\$ 251.32

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