

26- 27 Benefits Rate Sheet

Coverage	Total Monthly Rate	District Monthly Contribution	Employee Monthly Cost	Employee 20 Per Pay Period Cost
<u>MEDICAL - HDHP 1,2</u>				
Employee	\$639.73	\$639.73	\$0.00	\$0.00
Employee + Spouse	\$1,271.33	\$639.73	\$631.60	\$378.96
Employee + Children	\$1,184.15	\$639.73	\$603.62	\$362.17
Employee + Family	\$1,793.50	\$639.73	\$1,243.44	\$746.06
<u>MEDICAL - Traditional PPO Plan1,2</u>				
Employee	\$717.17	\$639.73	\$77.44	\$46.46
Employee + Spouse	\$1,434.34	\$639.73	\$794.61	\$476.76
Employee + Children	\$1,401.66	\$639.73	\$761.92	\$457.15
Employee + Family	\$2,125.71	\$639.73	\$1,485.97	\$891.58
<u>DENTAL PP0 - Delta Dental Of AZ</u>				
Employee	\$32.86	\$0.00	\$32.86	\$19.72
Employee + Spouse	\$65.72	\$0.00	\$65.72	\$39.43
Employee + Children	\$69.01	\$0.00	\$69.01	\$41.41
Employee + Family	\$98.58	\$0.00	\$98.58	\$59.15
<u>DENTAL PRE-PAID - Cigna</u>				
Employee	\$10.30	\$0.00	\$10.30	\$6.18
Employee + Spouse	\$20.37	\$0.00	\$20.37	\$12.22
Employee + Children	\$22.84	\$0.00	\$22.84	\$13.70
Employee + Family	\$25.06	\$0.00	\$25.06	\$15.04
<u>VSP Base Plan</u>				
Employee	\$6.08	\$0.00	\$6.08	\$3.64
Employee + Spouse	\$12.17	\$0.00	\$12.17	\$7.30
Employee + Children	\$13.02	\$0.00	\$13.02	\$7.81
Employee + Family	\$20.81	\$0.00	\$20.81	\$12.48
<u>VSP Buy-up Plan</u>				
Employee	\$11.78	\$0.00	\$11.78	\$7.06
Employee + Spouse	\$23.55	\$0.00	\$23.55	\$14.13
Employee + Children	\$25.20	\$0.00	\$25.20	\$15.12
Employee + Family	\$40.27	\$0.00	\$40.27	\$24.16
<u>LEGAL - MetLaw/Hyatt Legal</u>				
Employee + Family	\$18.50	\$0.00	\$18.50	\$11.10
<u>Wex - Flexible Spending Account (FSA)</u>				
•Allows contributions on a pre-tax basis for eligible health or dependent care expenses •You must re-enroll each year.				
<u>SunLife - Short Term Disability</u>				
•Short Term Disability provides pay while you are disabled or on maternity leave •Rates vary based on age and coverage selected				

Optional Life Insurance

•Optional Life Insurance can be purchased above the District paid Basic Life Insurance Amount for yourself and dependents •Cost varies based on age

Supplemental Coverages

•Additional supplemental coverages are available through Colonial Life plans Group Critical Care with Cancer coverage, Group Accident, Medical Bridge Insurance

1 Wellness Incentive Program

•Only available with enrollment in medical PPO or HDHP plans •District Contribution of \$200.00 is available to eligible employees on PPO Plan who complete the Wellness Incentive Program requirements
•Employee contributions are on a pre-tax basis, to use for eligible medical expenses •Dependent care is NOT eligible for reimbursement under HSA
•The District will be participating in the WellStyles Wellness program for all employees who are on the school district's health insurance plan. If the program requirements are satisfied, incentives will be built into the Wellstyles program with a value of \$1,900 (\$200 + \$300 gift card & \$1,400 HSA contribution) for any employee enrolled in the High Deductible Health Plan.

2 Virtual Visits

•PPO Member consults are free. Per IRS regulation, HDHP members pay a copay at the time of visit. If using Virtual Visits through the myUHC.com cost is \$49