

## 01/01/19 to 12/31/19 INSURANCE RATES

### HUMANA                      Eff 1/1/19 Group # 791647

	<u>Plan #1</u> PPO \$1000 Ded	<u>Plan #2</u> HDP \$3000 Ded
Single Plan (Monthly Premium)	\$ 577.01	\$ 479.47
Single Plan (Annual Premium)	\$ 6,924.12	\$ 5,753.64
Board Contribution	\$ 4,500.00	\$ 4,500.00
Employee Share (Annually)	\$ 2,424.12	\$ 1,253.64
Single Plan (Per Pay Period)	\$ 101.01	\$ 52.24

### PPO 14 Dental

	Annual Rate	Monthly Rate
Employee	\$ 253.92	\$ 21.16
Employee + Spouse	\$ 502.44	\$ 41.87
Employee + Children	\$ 708.12	\$ 59.01
Family	\$ 974.28	\$ 81.19

### Humana Dental                      Eff 1/1/19 Group #791647

### Preferred 14 Dental

	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 291.84	\$ 24.32	\$ 12.16
Employee + Spouse	\$ 583.68	\$ 48.64	\$ 24.32
Employee + Children	\$ 813.72	\$ 67.81	\$ 33.91
Family	\$1,119.48	\$ 93.29	\$ 46.65

### Humana Vision    eff 1/1/19 Group # #791647

	<u>Plan #1</u> PPO \$3000 Ded	<u>Plan #2</u> HDP \$6000 Ded
Family Plan (Monthly Premium)	\$ 1,557.93	\$ 1,294.58
Family Plan (Annual Premium)	\$ 18,695.16	\$ 15,534.96
Board Contribution	\$ 6,100.00	\$ 6,100.00
Employee Share (Annually)	\$ 12,595.16	\$ 9,434.96
Family Plan (Per Pay Period)	\$ 524.80	\$ 393.12

	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 62.28	\$ 5.19	\$ 2.60
Employee + Spouse	\$ 124.44	\$ 10.37	\$ 5.19
Employee + Children	\$ 118.32	\$ 9.86	\$ 4.93
Family	\$ 186.00	\$ 15.50	\$ 7.75

### One America

Group # 612916  
Effective 12/1/13

Administrators	\$100,000
Certified Staff	\$70,000
(\$105.00 Annually)	
Classified Staff	\$50,000

LTD - .029% per thousand of salary