

## INSURANCE RATES 01/01/22 - 12/31/22

<u>ANTHEM Health</u>		Eff 1/1/22	
Group #IN2370			
	<u>Plan #1</u>	<u>Plan #2</u>	
	PPO \$1000 Ded	HDP \$3000 Ded	
<b><u>Single Plan</u></b>			
Single Plan (Monthly Premium)	\$ 688.30	\$ 574.60	
Single Plan (Annual Premium)	\$ 8,259.60	\$ 6,895.20	
Board Contribution	<b>\$ 4,700.00</b>	<b>\$ 4,700.00</b>	
Employee Share (Annually)	\$ 3,559.60	\$ 2,195.20	
Single Plan (Per Pay Period)	<b>\$ 148.32</b>	<b>\$ 91.47</b>	
	<u>Plan #1</u>	<u>Plan #2</u>	
	PPO \$2000 Ded	HDP \$6000 Ded	
<b><u>Family Plan</u></b>			
Family Plan (Monthly Premium)	\$ 1,858.43	\$ 1,551.43	
Family Plan (Annual Premium)	\$ 22,301.16	\$ 18,617.16	
Board Contribution	<b>\$ 6,550.00</b>	<b>\$ 6,550.00</b>	
Employee Share (Annually)	\$ 15,751.16	\$ 12,067.16	
Family Plan (Per Pay Period)	<b>\$ 656.30</b>	<b>\$ 502.80</b>	
	<u>Plan #1</u>	<u>Plan #2</u>	
	PPO \$2000 Ded	HDP \$6000 Ded	
<b><u>Family Plan with 2 CCSC EE</u></b>			
Family Plan (Monthly Premium)	\$ 1,858.43	\$ 1,551.43	
Family Plan (Annual Premium)	\$ 22,301.16	\$ 18,617.16	
Board Contribution	<b>\$ 9,400.00</b>	<b>\$ 9,400.00</b>	
Employee Share (Annually)	\$ 12,901.16	\$ 9,217.16	
Family Plan (Per Pay Period)	<b>\$ 537.55</b>	<b>\$ 384.05</b>	

<u>ANTHEM Dental</u>		Effective 1/1/22	
Group # IN2370			
	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 291.84	\$ 24.32	<b>\$ 12.16</b>
Employee + Spouse	\$ 583.68	\$ 48.64	<b>\$ 24.32</b>
Employee + Children	\$ 813.72	\$ 67.81	<b>\$ 33.91</b>
Family	\$ 1,119.48	\$ 93.29	<b>\$ 46.65</b>

<u>ANTHEM Vision</u>		Effective 1/1/22	
Group #IN2370			
	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 62.16	\$ 5.18	<b>\$ 2.59</b>
Employee + One	\$ 124.20	\$ 10.35	<b>\$ 5.18</b>
Family	\$ 185.76	\$ 15.48	<b>\$ 7.74</b>

<u>One America Life Insurance</u>	
Group # 612916	
Effective 12/1/13	
Administrators	\$100,000
Certified Staff	\$70,000
Classified Staff	\$50,000
LIFE - \$0.105 per \$1000	
ADD - \$0.020 per \$1000	
LTD - \$0.025 per hundred of salary	