

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

<u>ANTHEM Dental</u>		Effective 1/1/22	
Group # IN2370			
	Annual Rate	Monthly Rate	Rate Per Pay
Employee	\$ 306.48	\$ 25.54	\$ 12.77
Employee + Spouse	\$ 612.84	\$ 51.07	\$ 25.54
Employee + Children	\$ 854.40	\$ 71.20	\$ 35.60
Family	\$ 1,175.40	\$ 97.95	\$ 48.98

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

<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	