

## 2019 INSURANCE DEDUCTIONS FOR FULL-TIME EMPLOYEES

DEDUCTIONS ARE TAKEN PER PAYCHECK (TWICE PER MONTH). EMPLOYEES THAT DO NOT GET PAYCHECKS DURING THE SUMMER MONTHS WILL HAVE DEDUCTIONS FOR THE SUMMER MONTHS TAKEN FROM THEIR LAST PAY OF THE SCHOOL YEAR. *\*TENURED PART-TIME TEACHERS HAVE SEPARATE RATES.*

PAYROLL DEDUCTIONS BEGIN THE MONTH PRECEDING THE EFFECTIVE DATE OF THE INSURANCE.

### TIER

MEDICAL CDHP - SINGLE	\$ 12.50 = \$ 25.00 PER MONTH
MEDICAL CDHP – EE + SPOUSE	\$ 55.33 = \$110.66 PER MONTH
MEDICAL CDHP – EE + CHILD(REN)	\$ 35.38 = \$ 70.76 PER MONTH
MEDICAL CDHP – EE + SPOUSE + CHILD(REN)	\$104.60 = \$209.20 PER MONTH
MEDICAL PPO – SINGLE	\$ 36.88 = \$ 73.76 PER MONTH
MEDICAL PPO – EE + SPOUSE	\$106.63 = \$213.26 PER MONTH
MEDICAL PPO – EE + CHILD(REN)	\$ 78.31 = \$156.62 PER MONTH
MEDICAL PPO – EE + SPOUSE + CHILD(REN)	\$194.08 = \$388.16 PER MONTH
MEDICAL HMO – SINGLE	\$ 61.36 = \$122.72 PER MONTH
MEDICAL HMO – EE + SPOUSE	\$157.04 = \$314.08 PER MONTH
MEDICAL HMO – EE + CHILD(REN)	\$119.81 = \$239.62 PER MONTH
MEDICAL HMO – EE + SPOUSE + CHILD(REN)	\$287.52 = \$575.04 PER MONTH

ALL MEDICAL PLANS INCLUDE VISION BENEFITS FREE OF CHARGE. THE BOARD OF EDUCATION PAYS THE VISION PREMIUM AT 100%. THE VISION BENEFIT IS THROUGH *VISION SERVICE PLAN (VSP)*.

MET LIFE DENTAL– EMPLOYEE	\$ 14.76 = \$29.52 PER MONTH
MET LIFE DENTAL– FAMILY	\$ 46.37 = \$92.74 PER MONTH

LIFE (BOARD PAYS 100% OF PREMIUM) -0-

\*Please call me if you need the rates for a part-time tenured position.

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