## WENTZVILLE R-IV SCHOOL DISTRICT

HEALTH INSURANCE RATES (October 1, 2020 through September 30, 2021)

Medical Insurance – Blue Access Choice PPO - \$1,000 Corridor	<u>Monthly</u>	Semi-monthly
Employee Only (District paid \$709.00 per month)	<b>\$0</b>	\$0
Employee (pd by District) + Spouse	\$ 725.00	\$362.50
Employee (pd by District) + Children	\$ 624.00	\$312.00
Employee (pd by District) + Family	\$1,261.00	\$630.50
Medical Insurance – Blue Access Choice PPO - \$0 Corridor	<u>Monthly</u>	Semi-monthly
Employee Only (\$775.00 per month; District pays \$709.00)	\$ 66.00	\$ 33.00
Employee (cost diff) + Spouse	\$ 860.00	\$430.00
Employee (cost diff) + Children	\$ 748.00	\$374.00
Employee (cost diff) + Family	\$1,444.00	\$722.00
Medical Insurance – Blue Access Choice PPO - \$2,000 Corridor	Monthly	Semi-monthly
Employee Only (\$645.00; District benefit \$709.00 - this option allows \$		
premiums; not yet subtracted from these figures.)		
Employee + Spouse	\$ 661.00	\$330.50
Employee + Children	\$ 569.00	\$284.50
Employee + Family	\$1,149.00	\$574.50
This plan is intended to help offset dependent premiums. The \$64 can offs	et medical, dent	al, or vision premiums for
your dependents only.		
Health Savings Account Plan - you may not have an FSA and HSA account in same tax year		
Employee Only (\$506.00; District benefit \$709.00 – this option allows \$203.00 Benefit Credit deposited in		
your HSA bank account.)	<b>#</b> 505.00	<b>\$0.00 50</b>
Employee + Spouse	\$525.00	\$262.50
Employee + Children	\$449.00	\$224.50
Employee + Family	\$930.00	\$465.00
KIDZ Plan (cost per child)		
1 Child	\$220.00	\$110.00
2 or more Children	\$440.00	\$220.00
2 of more official	Ψ-+0.00	Ψ220.00
Dental Insurance – Delta Dental		
Employee Only (District paid \$39.02 per month)	\$0	\$0
Employee + Spouse	\$ 38.52	\$19.26
Employee + Children	\$ 59.72	\$29.86
Employee + Family	\$ 97.78	\$48.89
Vision Incomes a Vision Density of America		
<u>Vision Insurance – Vision Benefits of America</u> Employee Only ( <b>District paid \$4.80 per month</b> )	\$0	\$0
Employee + Spouse	ъо \$ 5.38	\$ 2.69
Employee + Spouse Employee + Children	\$ 6.96	\$ 3.48
Employee + Children  Employee + Family	\$12.44	\$ 6.22
Employee 41 aililly	ψ12.44	ψ U.ZZ
Life Insurance – The Hartford		
Employee ( <b>District paid \$3.30 per month</b> ) decreases at age 65		
\$50,000 Basic coverage and \$50,000 AD&D	\$0	\$0
· , · · · · · · · · · · · · · · · · · ·		•
Dependent Life Insurance – The Hartford – Units of 10,000		
Children: \$5,000/\$10,000 policy	59/1 1	F

Children: \$5,000/\$10,000 policy .58/1.15

Spouse (up to \$50,000) 1.92 Per Unit to a Maximum of \$50,000

## Supplemental Life Insurance - The Hartford

Available to employees in amounts of 1-5X annual salary to \$500,000. Evidence of insurability may be required. Forms and rate calculators are on the Enrollment Portal. Rates are based on salary and age as of Oct 1 each year and will be adjusted accordingly at Open Enrollment.

## <u>Disability Insurance – The Hartford</u>

Voluntary Short and Long-term Disability Plans are available through The Hartford. Enrollment is optional, as the premiums are to be paid through payroll deductions. Plan information and rates are available on the Enrollment Portal. (Evidence of insurability may be required if employee is not enrolled within 30 days of initial enrollment.) Rates are based on salary and age as of Oct 1 each year and will be adjusted accordingly at Open Enrollment.