

CENTRAL UNION HIGH SCHOOL DISTRICT
INSURANCE RATE SCHEDULE
Certificated and Administration

Medical	The Hartford Life	VSP Vision	Delta Dental	Total	Dist. Cap	Employee Cost Monthly	Payroll Deductions: Employee Cost			
							Delta Dental		SIMNSA Dental*	
							Sep-June, 10thly	(Monthly)	Sep-June, 10thly	(Monthly)

Anthem Blue Cross Plan, 40662A, 100% \$10 Copay, Rx \$7/\$25

Employee Only	1109	5.14	20.54	72.29	1206.97	1041.97	165.00	181.50	165.00	149.77	136.15
Plus 1 Dependent	1900	8.14	20.54	72.29	2000.97	1041.97	959.00	1054.90	959.00	1023.17	930.15
Plus 2 or More Dependents	2197	8.14	20.54	72.29	2297.97	1041.97	1256.00	1381.60	1256.00	1349.87	1227.15

Anthem Blue Cross Plan, 40725A 100%, Ded \$300/\$600, \$20 copay, Rx \$7/\$25

Employee Only	1021	5.14	20.54	72.29	1118.97	1041.97	77.00	84.70	77.00	52.97	48.15
Plus 1 Dependent	1749	8.14	20.54	72.29	1849.97	1041.97	808.00	888.80	808.00	857.07	779.15
Plus 2 or More Dependents	2025	8.14	20.54	72.29	2125.97	1041.97	1084.00	1192.40	1084.00	1160.67	1055.15

Anthem Blue Cross Plan, 40662C 100%, Ded \$500/\$1000, \$20 copay, Rx \$200 \$10/\$35

Employee Only	960	5.14	20.54	72.29	1057.97	1041.97	16.00	17.60	16.00	0.00	0.00
Plus 1 Dependent	1644	8.14	20.54	72.29	1744.97	1041.97	703.00	773.30	703.00	741.57	674.15
Plus 2 or More Dependents	1895	8.14	20.54	72.29	1995.97	1041.97	954.00	1049.40	954.00	1017.67	925.15

Anthem Blue Cross Plan, 40662F 90%, Ded \$500/\$1000, \$20 copay, Rx \$200 \$10/\$35

Employee Only	911	5.14	20.54	72.29	1008.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1560	8.14	20.54	72.29	1660.97	1041.97	619.00	680.90	619.00	649.17	590.15
Plus 2 or More Dependents	1799	8.14	20.54	72.29	1899.97	1041.97	858.00	943.80	858.00	912.07	829.15

Anthem Blue Cross Plan, 40662B 80%, Ded \$500/\$1000, \$20 copay, Rx \$200 \$10/\$35

Employee Only	835	5.14	20.54	72.29	932.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1429	8.14	20.54	72.29	1529.97	1041.97	488.00	536.80	488.00	505.07	459.15
Plus 2 or More Dependents	1651	8.14	20.54	72.29	1751.97	1041.97	710.00	781.00	710.00	749.27	681.15

Anthem HSA 1500, 40725C

Employee Only	742	5.14	20.54	72.29	839.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1269	8.14	20.54	72.29	1369.97	1041.97	328.00	360.80	328.00	329.07	299.15
Plus 2 or More Dependents	1476	8.14	20.54	72.29	1576.97	1041.97	535.00	588.50	535.00	556.77	506.15

SIMNSA

Employee Only	292	5.14	20.54	72.29	389.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	512	8.14	20.54	72.29	612.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 2 or More Dependents	752	8.14	20.54	72.29	852.97	1041.97	0.00	0.00	0.00	0.00	0.00

DISTRICT CAP:

Full Time Employees	1041.97
80% Employees	833.58
60% Employees	625.18

* SIMNSA Dental is available on a voluntary (additional payroll deduction) pre-tax basis for \$43.44 per month if you would like to be enrolled in both dental plans.