

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	1152	5.14	20.54	72.29	1249.97	1041.97	208.00	228.80	208.00	197.07	179.15
Plus 1 Dependent	1975	8.14	20.54	72.29	2075.97	1041.97	1034.00	1137.40	1034.00	1105.67	1005.15
Plus 2 or More Dependents	2282	8.14	20.54	72.29	2382.97	1041.97	1341.00	1475.10	1341.00	1443.37	1312.15
Anthem Blue Cross Plan, 40662C 100%, Ded \$500/\$1000, \$20 copay, Rx \$200 \$10/\$35											
Employee Only	1003	5.14	20.54	72.29	1100.97	1041.97	59.00	64.90	59.00	33.17	30.15
Plus 1 Dependent	1717	8.14	20.54	72.29	1817.97	1041.97	776.00	853.60	776.00	821.87	747.15
Plus 2 or More Dependents	1980	8.14	20.54	72.29	2080.97	1041.97	1039.00	1142.90	1039.00	1111.17	1010.15
Anthem Blue Cross Plan, 40662F 90%, Ded \$500/\$1000, \$20 copay, Rx \$200 \$10/\$35											
Employee Only	952	5.14	20.54	72.29	1049.97	1041.97	8.00	8.80	8.00	0.00	0.00
Plus 1 Dependent	1631	8.14	20.54	72.29	1731.97	1041.97	690.00	759.00	690.00	727.27	661.15
Plus 2 or More Dependents	1881	8.14	20.54	72.29	1981.97	1041.97	940.00	1034.00	940.00	1002.27	911.15
Anthem Blue Cross Plan, 40662B, 80%, Ded \$500/\$1000, \$30 copay, Rx \$200 \$10/\$35											
Employee Only	862	5.14	20.54	72.29	959.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1476	8.14	20.54	72.29	1576.97	1041.97	535.00	588.50	535.00	556.77	506.15
Plus 2 or More Dependents	1706	8.14	20.54	72.29	1806.97	1041.97	765.00	841.50	765.00	809.77	736.15
Anthem Blue Cross Plan, 40725A, 80%, Ded \$750/\$1500, \$30 copay, Rx \$200 \$10/\$35											
Employee Only	840	5.14	20.54	72.29	937.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1438	8.14	20.54	72.29	1538.97	1041.97	497.00	546.70	497.00	514.97	468.15
Plus 2 or More Dependents	1662	8.14	20.54	72.29	1762.97	1041.97	721.00	793.10	721.00	761.37	692.15
Anthem HSA 1700, 40725C & D, High Deductible Plan											
Employee Only	772	5.14	20.54	72.29	869.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	1322	8.14	20.54	72.29	1422.97	1041.97	381.00	419.10	381.00	387.37	352.15
Plus 2 or More Dependents	1535	8.14	20.54	72.29	1635.97	1041.97	594.00	653.40	594.00	621.67	565.15
SIMNSA											
Employee Only	298	5.14	20.54	72.29	395.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 1 Dependent	522	8.14	20.54	72.29	622.97	1041.97	0.00	0.00	0.00	0.00	0.00
Plus 2 or More Dependents	767	8.14	20.54	72.29	867.97	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.