

**WASHINGTON COUNTY PUBLIC SCHOOLS
FULL-TIME EMPLOYEES
INSURANCE RATES FOR JULY 1, 2018 - JUNE 30, 2019**

	Employee bi-weekly payroll contribution amounts				Employer Monthly Contribution	Actual Total Monthly Cost of Coverage
	12 Month Pay All groups 26 Deductions	11 Month Pay All groups 24 Deductions	10 Month Pay Teachers, A&S 22 Deductions	10 Month Pay ESP 20 Deductions		
	MEDICAL/PRESCRIPTION					
OAP Premium						
Employee Only	\$86.94	\$94.19	\$102.75	\$113.03	\$819.00	\$1,007.38
Employee + Child(ren)	\$133.20	\$144.30	\$157.42	\$173.16	\$1,254.71	\$1,543.31
Employee + Spouse	\$173.89	\$188.38	\$205.50	\$226.06	\$1,638.00	\$2,014.75
Family	\$220.15	\$238.50	\$260.18	\$286.20	\$2,073.80	\$2,550.80
OAP Standard						
Employee Only	\$66.71	\$72.26	\$78.83	\$86.72	\$819.00	\$963.53
Employee + Child(ren)	\$102.19	\$110.71	\$120.77	\$132.85	\$1,254.71	\$1,476.13
Employee + Spouse	\$133.41	\$144.53	\$157.67	\$173.43	\$1,638.00	\$1,927.05
Family	\$168.91	\$182.98	\$199.62	\$219.58	\$2,073.80	\$2,439.77
OAP Limited						
Employee Only	\$60.01	\$65.01	\$70.92	\$78.01	\$819.00	\$949.01
Employee + Child(ren)	\$91.93	\$99.59	\$108.65	\$119.51	\$1,254.71	\$1,453.89
Employee + Spouse	\$120.01	\$130.01	\$141.83	\$156.02	\$1,638.00	\$1,898.02
Family	\$151.94	\$164.61	\$179.57	\$197.53	\$2,073.80	\$2,403.01
DENTAL						
Employee Only	\$1.55	\$1.67	\$1.83	\$2.01	\$18.98	\$22.33
Employee + Child(ren)	\$3.32	\$3.60	\$3.93	\$4.32	\$40.80	\$48.00
Employee + Spouse	\$3.09	\$3.35	\$3.65	\$4.02	\$37.95	\$44.65
Family	\$6.53	\$7.08	\$7.72	\$8.49	\$80.19	\$94.34
VISION						
Employee Only	\$0.84	\$0.91	\$1.00	\$1.10	\$1.83	\$3.65
Employee + Child(ren)	\$1.60	\$1.74	\$1.90	\$2.09	\$3.48	\$6.95
Employee + Spouse	\$1.53	\$1.66	\$1.81	\$1.99	\$3.31	\$6.62
Family	\$2.47	\$2.68	\$2.92	\$3.22	\$5.36	\$10.72

Rates may vary slightly due to system rounding.

Full-time = 30 or more hours per week

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Coverage Type	Coverage Options	Cost					
Basic term life insurance	1x annual pay rounded to next higher \$1,000	No cost to employees.					
Basic accidental death & dismemberment (AD&D)	1x annual pay rounded to next higher \$1,000	No cost to employees.					
Supplemental life insurance	1x, 2x, or 3x annual base pay rounded to the next higher \$1,000	Cost is .234 per thousand per month Calculation - Annual salary (rounded to next higher \$1,000) divided by 1,000 x .234 x 12 divided by the number of paychecks received					
Voluntary accidental death and dismemberment	Coverage of \$50,000, \$100,000, or \$200,000		12 month pay <u>26 Deductions</u>	11 month pay <u>24 Deductions</u>	10 month pay <u>22 Deductions</u>	10 month pay <u>20 Deductions</u>	Self-Pay <u>Monthly</u>
		\$50,000	\$0.46	\$0.50	\$0.55	\$0.57 *	\$1.00
		\$100,000	\$0.92	\$1.00	\$1.09	\$1.14 *	\$2.00
		\$200,000	\$1.85	\$2.00	\$2.18	\$2.29 *	\$4.00
Dependent life insurance	Package option: Spouse - \$7,500 Child(ren) - \$3,000	\$1.29	\$1.40	\$1.53	\$1.60 *	\$2.80	
Long Term Disability (LTD)	Up to 60% of earnings can be paid if approved for LTD.	<p>Educational Support Personnel (ESP) will pay 100% of the premium but their pay will be increased in the amount of 100% of the premium. This results in zero cost to employee.</p> <p>Teachers will pay 100% of the premium but their pay will be increased in the amount of 75% of the premium. Calculation: Annual salary x .29% x .25 divided by the number of paychecks received.</p> <p>Administrators and Supervisors will have 25% of the total premium cost deducted from their pay.</p>					

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*Deducted from 21 pays