

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

	EMPLOYEES WORKING 20-29 HOURS WEEKLY				EMPLOYEES WORKING 15-19 HOURS WEEKLY		
	12 month 26 Deductions	11 month 24 Deductions	A&S and Teacher 10 month 22 Deductions	ESP 10 month 20 Deductions	See notes below chart		
<u>MEDICAL/PRESCRIPTION</u>							
OAP - PREMIUM							
Employee Only	\$232.47	\$251.84	\$274.74	\$302.21	\$1,007.38	Monthly	
Employee + Child(ren)	\$356.15	\$385.83	\$420.90	\$462.99	\$1,543.31		
Employee + Spouse	\$464.94	\$503.69	\$549.48	\$604.43	\$2,014.75		
Family	\$588.65	\$637.70	\$695.67	\$765.24	\$2,550.80		
OAP - STANDARD							
Employee Only	\$222.35	\$240.88	\$262.78	\$289.06	\$963.53		
Employee + Child(ren)	\$340.65	\$369.03	\$402.58	\$442.84	\$1,476.13		
Employee + Spouse	\$444.70	\$481.76	\$525.56	\$578.12	\$1,927.05		
Family	\$563.02	\$609.94	\$665.39	\$731.93	\$2,439.77		
OAP - LIMITED							
Employee Only	\$219.00	\$237.25	\$258.82	\$284.70	\$949.01		
Employee + Child(ren)	\$335.51	\$363.47	\$396.52	\$436.17	\$1,453.89		
Employee + Spouse	\$438.01	\$474.51	\$517.64	\$569.41	\$1,898.02		
Family	\$554.54	\$600.75	\$655.37	\$720.90	\$2,403.01		
<u>DENTAL</u>							
Employee Only	\$5.15	\$5.58	\$6.09	\$6.70	\$13.40	20 Deductions	
Employee + Child(ren)	\$11.08	\$12.00	\$13.09	\$14.40	\$28.80		
Employee + Spouse	\$10.30	\$11.16	\$12.18	\$13.40	\$26.79		
Family	\$21.77	\$23.59	\$25.73	\$28.30	\$56.60		
<u>VISION</u>							
Employee Only	\$0.84	\$0.91	\$1.00	\$1.10	\$2.19		
Employee + Child(ren)	\$1.60	\$1.74	\$1.90	\$2.09	\$4.17		
Employee + Spouse	\$1.53	\$1.66	\$1.81	\$1.99	\$3.97		
Family	\$2.47	\$2.68	\$2.92	\$3.22	\$6.43		

EMPLOYEES WORKING 15-19 HOURS WEEKLY

Medical/prescriptions premiums will not be payroll deducted. Employees can pay for insurance at 100% of the actual cost on a monthly basis. Dental and vision premiums will be payroll deducted. Costs shown above are 100% of actual cost and based on 20 deductions.

* All rates may vary slightly due to system rounding.

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INSURANCE RATES FOR JULY 1, 2018 - JUNE 30, 2019**

Coverage Type	Coverage Options	Cost				
Basic term life insurance	1x annual pay rounded to next higher \$1,000 (\$10,000 minimum)	Calculation - Annual salary (rounded to next higher \$1,000) divided by 1,000 x .116 x 12 divided by the number of paychecks received				
Basic accidental death & dismemberment (AD&D)	1x annual pay rounded to next higher \$1,000	Calculation - Annual salary (rounded to next higher \$1,000) divided by 1,000 x .016 x 12 divided by the number of paychecks received				
Supplemental life insurance	1x, 2x, or 3x annual base pay rounded to the next higher \$1,000	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		<u>26 Deductions</u>	<u>24 Deductions</u>	<u>22 Deductions</u>	<u>21 Deductions</u>
		\$50,000	\$0.46	\$0.50	\$0.55	\$0.57
		\$100,000	\$0.92	\$1.00	\$1.09	\$1.14
		\$200,000	\$1.85	\$2.00	\$2.18	\$2.29
Dependent life insurance	Package option: Spouse - \$7,500 Child(ren) - \$3,000		\$1.29	\$1.40	\$1.53	\$1.60

*Part-time = 15-29 hours per week
Rates may vary slightly due to system rounding.*