Support Staff Insurance Rates
2021-2022

			BLUE CROSS	BLUE CROSS	BLUE CROSS		BLUE CROSS	BLUE CROSS	BLUE CROSS				
			SINGLE RATE	SINGLE RATE	SINGLE RATE		FAMILY RATE	FAMILY RATE	FAMILY RATE				
DEDUCT	CO-INS	OUT OF	FULL TIME	30-35 HOURS	20-30 HOURS		FULL TIME	30-35 HOURS	20-30 HOURS	DEDUCT CO-INS			
		POCKET											
		MAX											Annualized
			S 500 SS FT										
500/1000	20%/30%	1000/2000 Total Premium	$ 803.30	$ 803.30	$ 803.30		$ 2,073.19	$ 2,073.19	$ 2,073.19	500/1000 10%/20%	Increase of $22.60 & $101.17		7,916.16
		DISTRICT PAYS	$ 659.68	$ 100.00	$ 85.00		$ 659.68	$ 100.00	$ 85.00	DISTRICT PAYS	This is E18 or part time rate		1,020.00
		EMPLOYEE PAYS	$ 143.62	$ 703.30	$ 718.30		$ 1,413.51	$ 1,973.19	$ 1,988.19	**EMPLOYEE PAYS**	Increase of $8.59 & $22.58 &		
											$87.18, $101.17 Family		
			S 750 SS FT		S 750 SS PT (20-30)								
750/1500	20%/30%	1500/3000 Total Premium	$ 758.82	$ 758.82	$ 758.82		$ 1,958.46	$ 1,958.46	$ 1,958.46	750/1500 10%/20%	Increase of $19.82 & $94.06		7,916.16
		DISTRICT PAYS	$ 659.68	$ 100.00	$ 85.00		$ 659.68	$ 100.00	$ 85.00	DISTRICT PAYS	This is E18 or part time rate		1,020.00
		EMPLOYEE PAYS	$ 99.14	$ 658.82	$ 673.82		$ 1,298.78	$ 1,858.46	$ 1,873.46	**EMPLOYEE PAYS**	Increase of $5.83 & $19.82 &		
											$80.07, $94.06 Family		
			S 1500 SS FT	S 1500 SS PT (30-35)	S 1500 SS PT (20-30)		Increase of $1.60 & $22.00						
1500/3000	20%/30%	3000/6000 Total Premium	$ 664.68	$ 664.68	$ 664.68		$ 1,715.41	$ 1,715.41	$ 1,715.41	1500/3000 10%/20%	Increase of $13.99 & $79.02		7,916.16
		DISTRICT PAYS	$ 659.68	$ 564.68	$ 85.00		$ 659.68	$ 100.00	$ 85.00	DISTRICT PAYS	This is E18 or part time rate		6,776.16
		EMPLOYEE PAYS	$ 5.00	$ 100.00	$ 579.68		$ 1,055.73	$ 1,615.41	$ 1,630.41	**EMPLOYEE PAYS**	Increase of $0.00 & $13.99 &		1,020.00
											$65.03, $79.02 Family		
			SINGLE	SINGLE	SINGLE		Increase of $0.00	FAMILY	FAMILY				
		DELTA DENTAL	MONTHLY	MONTHLY	MONTHLY		MONTHLY	MONTHLY	MONTHLY	DELTA DENTAL		236.28 Annualized	
		EMPLOYEE PAYS	$ 40.36	$ 40.36	$ 40.36		$ 113.95	$ 113.95	$ 113.95	**EMPLOYEE PAYS**	No Change Through 06/30/2019		484.32
			SINGLE	SINGLE	SINGLE		FAMILY	FAMILY	FAMILY				
		VISION	MONTHLY	MONTHLY	MONTHLY		MONTHLY	MONTHLY	MONTHLY	VISION	No Change Through 06/30/2019		
		EMPLOYEE PAYS	$ 12.24	$ 12.24	$ 12.24		$ 30.90	$ 30.90	$ 30.90	**EMPLOYEE PAYS**	Increase of $0.00 & $0.00		146.88
											Health Rate Incr	1.0461	From 7/1/16 Rates
											Health Rate Incr	1.0785	From 1/1/17 Rates