

TCSB Active and Retired Monthly Insurance Premiums 2019-2020

High Deductible Plan \$2,000 50/50 payout Plan # 5901 **

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 117.46	\$ 310.00	\$ 427.46	\$ 2.30
10-109 Employee/Spouse	Plan C-1	\$ 575.98	\$ 310.00	\$ 885.98	\$ 11.29
10-110-Employee Child(ren)	Pan C-2	\$ 499.33	\$ 310.00	\$ 809.33	\$ 9.79
10-111-Employee/Family	Plan C-3	\$ 750.72	\$ 310.00	\$ 1,060.72	\$ 14.72
Employee Dental Insurance		\$ 0.10	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 39.98		\$ 39.98	No Change
10-102- Employee/Spouse	Plan A-2	\$ 77.76		\$ 77.76	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 90.52		\$ 90.52	No Change
10-104-Employee/Family	Plan A-4	\$ 127.20		\$ 127.20	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
10-101- Employee		\$ 7.84		\$ 7.84	No Change
10-102- Family		\$ 25.25		\$ 25.25	No Change
10-103-Employee Plan A			\$ 7.84	\$ 7.84	No Change
10-104-Employee Family		\$ 17.41	\$ 7.84	\$ 25.25	No Change

RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Retiree Cost
Employee only		\$ 356.22		\$ 356.22	\$ 1.92
Employee/Spouse		\$ 738.32		\$ 738.32	\$ 9.41
Employee/Child(ren)		\$ 674.44		\$ 674.44	\$ 8.16
Employee/Family		\$ 883.93		\$ 883.93	\$ 12.18

Dental Insurance					
Employee only		\$ 33.32		\$ 33.32	No Change
Employee/Spouse		\$ 64.80		\$ 64.80	No Change
Employee/Child(ren)		\$ 75.43		\$ 75.43	No Change
Employee Family		\$ 106.00		\$ 106.00	No Change

Vision Insurance					
Employee only		\$ 6.53		\$ 6.53	No Change
Employee Family		\$ 21.04		\$ 21.04	No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 356.22		\$ 356.22	\$ -
Employee/Spouse		\$ 738.32		\$ 738.32	\$ -

Dental Insurance					
Employee only		\$ 33.32		\$ 33.32	No Change
Employee/Spouse		\$ 64.84		\$ 64.80	No Change

Vision Insurance					
Employee only		\$ 6.53		\$ 6.53	No Change
Employee/Spouse		\$ 21.04		\$ 21.04	No Change

APPROVED

JUL 30 2019

By Taylor County
School Board