

SUPPORT STAFF

Full & Part Time
SY 2023-2024

BENEFIT RATE SHEET**Health Insurance**

First Deduction = September 29, 2023
Based on 20 bi-weekly deductions

31-40 HOURS	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Employee Share</u>	<u>Employee Deductions</u>
<u>Anthem Choice +</u>			<u>92%</u>	<u>8%</u>	
Single	862.61	10,351.32	9,523.21	828.11	41.41
Adult w Child(ren)	1,526.63	18,319.56	16,854.00	1,465.56	73.28
2 Adults	1,944.16	23,329.92	21,463.53	1,866.39	93.32
Family	2,366.30	28,395.60	26,123.95	2,271.65	113.58
<u>Anthem Standard</u>					
Single	931.50	11,178.00	9,523.21	1,654.79	82.74
Adult w Child(ren)	1,648.75	19,785.00	16,854.00	2,931.00	146.55
2 Adults	2,099.69	25,196.28	21,463.53	3,732.75	186.64
Family	2,555.61	30,667.32	26,123.95	4,543.37	227.17
21-30 HOURS	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Employee Share</u>	<u>Employee Deductions</u>
<u>Anthem Choice +</u>			<u>78%</u>	<u>22%</u>	
Single	862.61	10,351.32	8,074.03	2,277.29	113.86
Adult w Child(ren)	1,526.63	18,319.56	14,289.26	4,030.30	201.52
2 Adults	1,944.16	23,329.92	18,197.34	5,132.58	256.63
Family	2,366.30	28,395.60	22,148.57	6,247.03	312.35
<u>Anthem Standard</u>					
Single	931.50	11,178.00	8,074.03	3,103.97	155.20
Adult w Child(ren)	1,648.75	19,785.00	14,289.26	5,495.74	274.79
2 Adults	2,099.69	25,196.28	18,197.34	6,998.94	349.95
Family	2,555.61	30,667.32	22,148.57	8,518.75	425.94

20 HOURS	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Employee Share</u>	<u>Employee Deductions</u>
<u>Anthem Choice +</u>			<u>53%</u>	<u>47%</u>	
Single	862.61	10,351.32	5,486.20	4,865.12	243.26
Adult w Child(ren)	1,526.63	18,319.56	9,709.37	8,610.19	430.51
2 Adults	1,944.16	23,329.92	12,364.86	10,965.06	548.25
Family	2,366.30	28,395.60	15,049.67	13,345.93	667.30
<u>Anthem Standard</u>					
Single	931.50	11,178.00	5,486.20	5,691.80	284.59
Adult w Child(ren)	1,648.75	19,785.00	9,709.37	10,075.63	503.78
2 Adults	2,099.69	25,196.28	12,364.86	12,831.42	641.57
Family	2,555.61	30,667.32	15,049.67	15,617.65	780.88

Minimum of 20 working hours per week is required to be eligible for benefits

Standard Plan - District pays 100% of the District Share of the ChoicePlus plan - the difference in cost is paid by the employee.

SUPPORT STAFF	<u>BENEFIT RATE SHEET</u>					
<i>Full & Part Time</i>		<u>Dental Insurance</u>		First Deduction = September 29, 2023		
SY 2023-2024				Based on 20 biweekly payroll deductions		
	MSMA Plan A (with orthodontia)					
<u>31-40 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>	
Employee	39.70	476.40	452.58	23.82	1.19	
2 Person	80.35	964.20	452.58	511.62	25.58	
Family (3 persons or more)	136.44	1,637.28	452.58	1,184.70	59.24	
<u>31-40 Hours / 44 Weeks</u>						
Employee	39.70	476.40	384.69	91.71	4.59	
2 Person	80.35	964.20	384.69	579.51	28.98	
Family (3 Persons or More)	136.44	1,637.28	384.69	1,252.59	62.63	
<u>31-40 Hours / 36 Weeks</u>						
Employee	39.70	476.40	312.28	164.12	8.21	
2 Person	80.35	964.20	312.28	651.92	32.60	
Family (3 Persons or More)	136.44	1,637.28	312.28	1,325.00	66.25	
<u>21-30 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>	
Employee	39.70	476.40	339.44	136.97	6.85	
2 Person	80.35	964.20	339.44	624.77	31.24	
Family (3 Persons or More)	136.44	1,637.28	339.44	1,297.85	64.89	
<u>21-30 Hours / 44 Weeks</u>						
Employee	39.70	476.40	285.13	191.27	9.56	
2 Person	80.35	964.20	285.13	679.07	33.95	
Family (3 Persons or More)	136.44	1,637.28	285.13	1,352.15	67.61	
<u>21-30 Hours / 36 Weeks</u>						
Employee	39.70	476.40	235.34	241.06	12.05	
2 Person	80.35	964.20	235.34	728.86	36.44	
Family (3 Persons or More)	136.44	1,637.28	235.34	1,401.94	70.10	

<u>20 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>
Employee	39.70	476.40	226.29	250.11	12.51
2 Person	80.35	964.20	226.29	737.91	36.90
Family (3 Persons or More)	136.44	1,637.28	226.29	1,410.99	70.55
<u>20 Hours / 44 Weeks</u>					
Employee	39.70	476.40	190.08	286.32	14.32
2 Person	80.35	964.20	190.08	774.12	38.71
Family (3 Persons or More)	136.44	1,637.28	190.08	1,447.20	72.36
<u>20 Hours / 36 Weeks</u>					
Employee	39.70	476.40	158.40	318.00	15.90
2 Person	80.35	964.20	158.40	805.80	40.29
Family (3 Persons or More)	136.44	1,637.28	158.40	1,478.88	73.94
<i>Minimum of 20 working hours per week is required to be eligible for benefits</i>					

SUPPORT STAFF	BENEFIT RATE SHEET					
<i>Full & Part Time</i>		<u>Dental Insurance</u>		First Deduction = September 29, 2023		
SY 2023-2024				Based on 20 biweekly payroll deductions		
	MSMA Plan B (without orthodontia)					
<u>31-40 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>	
Employee	39.70	476.40	452.58	23.82	1.19	
2 Person	78.59	943.08	452.58	490.50	24.53	
Family (3 persons or more)	127.86	1,534.32	452.58	1,081.74	54.09	
<u>31-40 Hours / 44 Weeks</u>						
Employee	39.70	476.40	384.69	91.71	4.59	
2 Person	78.59	943.08	384.69	558.39	27.92	
Family (3 Persons or More)	127.86	1,534.32	384.69	1,149.63	57.48	
<u>31-40 Hours / 36 Weeks</u>						
Employee	39.70	476.40	312.28	164.12	8.21	
2 Person	78.59	943.08	312.28	630.80	31.54	
Family (3 Persons or More)	127.86	1,534.32	312.28	1,222.04	61.10	
<u>21-30 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>	
Employee	39.70	476.40	339.44	136.97	6.85	
2 Person	78.59	943.08	339.44	603.65	30.18	
Family (3 Persons or More)	127.86	1,534.32	339.44	1,194.89	59.74	
<u>21-30 Hours / 44 Weeks</u>						
Employee	39.70	476.40	285.13	191.27	9.56	
2 Person	78.59	943.08	285.13	657.95	32.90	
Family (3 Persons or More)	127.86	1,534.32	285.13	1,249.19	62.46	
<u>21-30 Hours / 36 Weeks</u>						
Employee	39.70	476.40	235.34	241.06	12.05	
2 Person	78.59	943.08	235.34	707.74	35.39	
Family (3 Persons or More)	127.86	1,534.32	235.34	1,298.98	64.95	

<u>20 Hours / 52 Weeks</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Emp Share</u>	<u>Emp Deductions</u>
Employee	39.70	476.40	226.29	250.11	12.51
2 Person	78.59	943.08	226.29	716.79	35.84
Family (3 Persons or More)	127.86	1,534.32	226.29	1,308.03	65.40
<u>20 Hours / 44 Weeks</u>					
Employee	39.70	476.40	190.08	286.32	14.32
2 Person	78.59	943.08	190.08	753.00	37.65
Family (3 Persons or More)	127.86	1,534.32	190.08	1,344.24	67.21
<u>20 Hours / 36 Weeks</u>					
Employee	39.70	476.40	158.40	318.00	15.90
2 Person	78.59	943.08	158.40	784.68	39.23
Family (3 Persons or More)	127.86	1,534.32	158.40	1,375.92	68.80
<i>Minimum of 20 working hours per week is required to be eligible for benefits</i>					