



Insurance Rates Effective 7/1/2020-6/30/2021

All amounts listed below are MONTHLY for Full Time Employees.
Employees .75 FTE or greater are considered Full Time.

Medical Plans				
Medical District Contributions are calculated using 87.4% of premium				
Standard	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Security HMO Premium	\$854.10	\$1,716.94	\$1,716.94	\$2,112.74
<i>District Contribution for full time employees</i>	\$662.48	\$1,416.61	\$1,416.61	\$1,762.53
<i>Full Time Employee Share</i>	\$191.62	\$300.33	\$300.33	\$350.21
Wellness Level 1 - Employee OR Spouse completed program requirements				
Security HMO Premium		\$1,716.94		\$2,112.74
<i>District Contribution for full time employees</i>		\$1,458.61		\$1,804.53
<i>Full Time Employee Share</i>		\$258.33		\$308.21
Wellness Level 2 - Employee AND Spouse completed program requirements OR Employee completed program requirements if EMPLOYEE or EMPLOYEE + CHILDREN				
Security HMO Premium	\$854.10	\$1,716.94	\$1,716.94	\$2,112.74
<i>District Contribution for full time employees</i>	\$746.48	\$1,500.61	\$1,500.61	\$1,846.53
<i>Full Time Employee Share</i>	\$107.62	\$216.33	\$216.33	\$266.21

Dental Plan		
Dental District Contributions are calculated using 83% of premium		
	EMPLOYEE	FAMILY
Delta Dental Premium	\$55.25	\$138.25
<i>District Contribution for full time employees</i>	\$45.86	\$114.75
<i>Full Time Employee Share</i>	\$9.39	\$23.50

Updated 4/7/2020

Vision Plan				
Vision is 100% Employee Paid - No District Contributions				
	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Delta Vision Premium	\$6.61	\$13.23	\$13.88	\$19.34
<i>District Contribution for full time employees</i>	\$0.00	\$0.00	\$0.00	\$0.00
<i>Full Time Employee Share</i>	\$6.61	\$13.23	\$13.88	\$19.34