OTHELLO SCHOOL DISTRICT # 147
2017-2018 INSURANCE RATES
CLASSIFIED EMPLOYEES

UHC

	Pre-Pooling Amount	If you work less than 6.5 hours per day, enter your benefit amount here (see pg. 3):
State Allocation per FTE:	$ 820.00	= $

MANDATORY BENEFIT MONTHLY PREMIUMS ARE AS FOLLOWS:

*(Employee LTD coverage is calculated on a individual's salary base. This **ESTIMATE** is based on a $40K salary. Insurance Premiums will vary based on individual's salary.)*

Important Notice

			Employee Only	Employee & Family	FIGURE YOUR OWN (see pg. 3)
LONG TERM DISABILITY	Sun Life	Estimate:	$ 7.60	$ 7.60	$
LIFE INSURANCE	Sun Life	$20,000 Employee Coverage	$ 2.50	$ 2.50	$
DENTAL	OSD Dental	Individual &/or Family Coverage	$ 86.00	$ 86.00	$
VISION	OSD Vision	Individual Coverage	$ 25.00		$
VISION	OSD Vision	Individual + Coverage		$ 33.00	$
The total estimate of mandatory benefit monthly premiums (to be subtracted from the state allotment above):			$ 121.10	$ 129.10	$
ESTIMATED BALANCE TO APPLY TOWARDS OPTIONAL MEDICAL INSURANCE:			$ 698.90	$ 690.90	$

PLEASE NOTE: THESE FIGURES ARE AN ESTIMATE ONLY

Insurance Coverage Begins November 1, 2017

MEDICAL HEALTHCARE PROVIDER PLANS		Monthly Premium	COST FOR HEALTH CARE FOR EMP ONLY WITH A FULL FTE	COST FOR HEALTH CARE FOR EMP + WITH A FULL FTE	FIGURE YOUR OWN (if less than 1 FTE--see back)
United Healthcare	Employee Only	$ 636.58	$ -	$ -	
Health Reimbursement Option (HRA)	Employee & Spouse	$ 1,161.75	$ (462.85)	$ (470.85)	
	Employee, Spouse & Child(ren)	$ 1,375.11	$ (676.21)	$ (684.21)	
UHC Choice Plus	Employee & Child(ren)	$ 873.21	$ (174.31)	$ (182.31)	
United Healthcare	Employee Only	$ 1,152.94	$ (454.04)	$ (462.04)	
Mod5	Employee & Spouse	$ 2,213.63	$ (1,514.73)	$ (1,522.73)	
	Employee, Spouse & Child(ren)	$ 2,659.65	$ (1,960.75)	$ (1,968.75)	
UHC Choice Plus	Employee & Child(ren)	$ 1,568.44	$ (869.54)	$ (877.54)	
United Healthcare	Employee Only	$ 981.87	$ (282.97)	$ (290.97)	
Mod2	Employee & Spouse	$ 1,790.80	$ (1,091.90)	$ (1,099.90)	
	Employee, Spouse & Child(ren)	$ 2,146.52	$ (1,447.62)	$ (1,455.62)	
UHC Choice Plus	Employee & Child(ren)	$ 1,306.92	$ (608.02)	$ (616.02)	
United Healthcare	Employee Only	$ 808.01	$ (109.11)	$ (117.11)	
Mod3	Employee & Spouse	$ 1,470.80	$ (771.90)	$ (779.90)	
	Employee, Spouse & Child(ren)	$ 1,762.96	$ (1,064.06)	$ (1,072.06)	
UHC Choice Plus	Employee & Child(ren)	$ 1,073.52	$ (374.62)	$ (382.62)	
United Healthcare	Employee Only	$ 634.14	$ -	$ -	
ModA	Employee & Spouse	$ 1,147.20	$ (448.30)	$ (456.30)	
	Employee, Spouse & Child(ren)	$ 1,374.07	$ (675.17)	$ (683.17)	
UHC Choice Plus	Employee & Child(ren)	$ 838.41	$ (139.51)	$ (147.51)	

Questions
Brett x 1002
Lisa x 1016
Aurora x 1006
Amy x 1007
Anji x 1004

Check your emails daily for upcoming deadlines and enrollment information

SEE BACK OF FORM FOR ADDITIONAL PLANS

OTHELLO SCHOOL DISTRICT # 147
2017-2018 INSURANCE RATES
CLASSIFIED EMPLOYEES

MEDICAL HEALTHCARE PROVIDER PLANS		Monthly Premium		COST FOR HEALTH CARE FOR EMP ONLY WITH A FULL FTE ($ 698.90)		COST FOR HEALTH CARE FOR EMP + WITH A FULL FTE ($ 690.90)		FIGURE YOUR OWN (see pg. 3)
United Healthcare	Employee Only	$ 634.14		$ -		$ -		
ModB	Employee & Spouse	$ 1,147.20		$ (448.30)		$ (456.30)		
	Employee, Spouse & Child(ren)	$ 1,374.07		$ (675.17)		$ (683.17)		
UHC Choice Plus	Employee & Child(ren)	$ 838.41		$ (139.51)		$ (147.51)		
United Healthcare	Employee Only	$ 580.22		$ -		$ -		
Basic Benefit Plan	Employee & Spouse	$ 1,048.97		$ (350.07)		$ (358.07)		
	Employee, Spouse & Child(ren)	$ 1,256.28		$ (557.38)		$ (565.38)		
UHC Choice Plus	Employee & Child(ren)	$ 767.83		$ (68.93)		$ (76.93)		
United Healthcare	Employee Only	$ 499.06		$ -		$ -		
A15J (Choice + HSA)	Employee & Spouse	$ 901.38		$ (202.48)		$ (210.48)		
HAS	Employee, Spouse & Child(ren)	$ 1,064.59		$ (365.69)		$ (373.69)		
UHC Choice Plus	Employee & Child(ren)	$ 659.26		$ -		$ -		

PLEASE be aware that you will not be able to add to your coverage until the next open enrollment (September 2018) unless you have a "qualifying" event. (i.e. change in marital status, births, adoptions, etc.)

Please Note: Additional information regarding insurance and enrollment deadlines will be sent at a later time. Please check your boxes and emails daily.

Pre-pooling Amount: $ 820.00 $ 121.10 $ 129.10

NO Vacation In Lieu of Days

Hrs. Per Day	Days Per Yr. (Wk+Hol+LID)		# of Vacation In Lieu of Days	Total # of Days	Formula			Benefit Factor		$ Allotted for Benefits	Total Benefit Amount	Total $ Applied To Medical EMP ONLY	Total $ Applied To Medical Emp (+) Family
2	186			186	(2*186)/	1200	=	0.3100	x	$ 820.00	$ 254.20	$ 133.10	$ 125.10
3	186			186	(3*186)/	1200	=	0.4650	x	$ 820.00	$ 381.30	$ 260.20	$ 252.20
3.75	186			186	(3.75*186)/	1200	=	0.5813	x	$ 820.00	$ 476.63	$ 355.53	$ 347.53
4	186			186	(4*186)/	1200	=	0.6200	x	$ 820.00	$ 508.40	$ 387.30	$ 379.30
4.5	186			186	(4.5*186)/	1200	=	0.6975	x	$ 820.00	$ 571.95	$ 450.85	$ 442.85
5	186			186	(5*186)/	1200	=	0.7750	x	$ 820.00	$ 635.50	$ 514.40	$ 506.40
6	186			186	(6*186)/	1200	=	0.9300	x	$ 820.00	$ 762.60	$ 641.50	$ 633.50
6.5	186			186	(6.5*186)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7	186			186	(7*186)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.25	186			186	(7.25*186)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.5	186			186	(7*186)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
8	186			186	(8*186)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90

5-6 Consecutive School Years

5 Vacation In Lieu of Days

Hrs. Per Day	Days Per Yr. (Wk+Hol+LID)		# of Vacation In Lieu of Days	Total # of Days	Formula			Benefit Factor		$ Allotted for Benefits	Total Benefit Amount	Total $ Applied To Medical EMP ONLY	Total $ Applied To Medical Emp (+) Family
2	186	+	5	191	(2*191)/	1200	=	0.3183	x	$ 820.00	$ 261.03	$ 139.93	$ 131.93
3	186	+	5	191	(3*191)/	1200	=	0.4775	x	$ 820.00	$ 391.55	$ 270.45	$ 262.45
3.75	186	+	5	191	(3.75*191)/	1200	=	0.5969	x	$ 820.00	$ 489.44	$ 368.34	$ 360.34
4	186	+	5	191	(4*191)/	1200	=	0.6367	x	$ 820.00	$ 522.07	$ 400.97	$ 392.97
4.5	186	+	5	191	(4.5*191)/	1200	=	0.7163	x	$ 820.00	$ 587.33	$ 466.23	$ 458.23
5	186	+	5	191	(5*191)/	1200	=	0.7958	x	$ 820.00	$ 652.58	$ 531.48	$ 523.48
6	186	+	5	191	(6*191)/	1200	=	0.9550	x	$ 820.00	$ 783.10	$ 662.00	$ 654.00
6.5	186	+	5	191	(6.5*191)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7	186	+	5	191	(7*191)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.25	186	+	5	191	(7.25*191)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.5	186	+	5	191	(7.5*191)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
8	186	+	5	191	(8*191)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90

7-8 Consecutive School Years

6 Vacation In Lieu of Days

Hrs. Per Day	Days Per Yr. (Wk+Hol+LID)		# of Vacation In Lieu of Days	Total # of Days	Formula			Benefit Factor		$ Allotted for Benefits	Total Benefit Amount	Total $ Applied To Medical EMP ONLY	Total $ Applied To Medical Emp (+) Family
2	186	+	6	192	(2*192)/	1200	=	0.3200	x	$ 820.00	$ 262.40	$ 141.30	$ 133.30
3	186	+	6	192	(3*192)/	1200	=	0.4800	x	$ 820.00	$ 393.60	$ 272.50	$ 264.50
3.75	186	+	6	192	(3.75*192)/	1200	=	0.6000	x	$ 820.00	$ 492.00	$ 370.90	$ 362.90
4	186	+	6	192	(4*192)/	1200	=	0.6400	x	$ 820.00	$ 524.80	$ 403.70	$ 395.70
4.5	186	+	6	192	(4.5*192)/	1200	=	0.7200	x	$ 820.00	$ 590.40	$ 469.30	$ 461.30
5	186	+	6	192	(5*192)/	1200	=	0.8000	x	$ 820.00	$ 656.00	$ 534.90	$ 526.90
6	186	+	6	192	(6*192)/	1200	=	0.9600	x	$ 820.00	$ 787.20	$ 666.10	$ 658.10
6.5	186	+	6	192	(6.5*192)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7	186	+	6	192	(7*192)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.25	186	+	6	192	(7.25*192)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.5	186	+	6	192	(7.5*192)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
8	186	+	6	192	(8*192)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90

9+ Consecutive School Years

7 Vacation In Lieu of Days

Hrs. Per Day	Days Per Yr. (Wk+Hol+LID)		# of Vacation In Lieu of Days	Total # of Days	Formula			Benefit Factor		$ Allotted for Benefits	Total Benefit Amount	Total $ Applied To Medical EMP ONLY	Total $ Applied To Medical Emp (+) Family
2	186	+	7	193	(2*193)/	1200	=	0.3217	x	$ 820.00	$ 263.77	$ 142.67	$ 134.67
3	186	+	7	193	(3*193)/	1200	=	0.4825	x	$ 820.00	$ 395.65	$ 274.55	$ 266.55
3.75	186	+	7	193	(3.75*193)/	1200	=	0.6031	x	$ 820.00	$ 494.56	$ 373.46	$ 365.46
4	186	+	7	193	(4*193)/	1200	=	0.6433	x	$ 820.00	$ 527.53	$ 406.43	$ 398.43
4.5	186	+	7	193	(4.5*193)/	1200	=	0.7238	x	$ 820.00	$ 593.48	$ 472.38	$ 464.38
5	186	+	7	193	(5*193)/	1200	=	0.8042	x	$ 820.00	$ 659.42	$ 538.32	$ 530.32
6	186	+	7	193	(6*193)/	1200	=	0.9650	x	$ 820.00	$ 791.30	$ 670.20	$ 662.20
6.5	186	+	7	193	(6.5*193)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7	186	+	7	193	(7*193)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.25	186	+	7	193	(7.25*193)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
7.5	186	+	7	193	(7.5*193)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90
8	186	+	7	193	(8*193)/	1200	=	1.0000	x	$ 820.00	$ 820.00	$ 698.90	$ 690.90

If none of the examples above work for you, please use the following to calculate your benefit amount:

Hrs. Per Day	Days Per Yr. (Wk+Hol+LID)		# of Vacation In Lieu of Days	Total # of Days	Formula			Benefit Factor		$ Allotted for Benefits	Total Benefit Amount	Total $ Applied To Medical EMP ONLY	Total $ Applied To Medical Emp (+) Family
		+			(Hrs.*Days)/	1200	=		x	$ 820.00		$ (121.10)	
		+			(Hrs.*Days)/	1200	=		x	$ 820.00		OR $ (129.10) Emp+ Mandatary	