

**OTHELLO SCHOOL DISTRICT # 147
2017-2018 INSURANCE RATES
CERTIFICATED ADMINISTRATORS**



Pre-Pooling Amount:

State Allocation per FTE: \$ 820.00

MANDATORY BENEFIT MONTHLY PREMIUMS ARE AS FOLLOWS:

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



		Employee Only	Employee (+) Family
Sun Life	Estimate:	\$ 7.60	\$ 7.60
Sun Life	\$20,000 Employee Coverage	\$ 2.50	\$ 2.50
OSD Dental	Individual &/or Family Coverage	\$ 110.00	\$ 110.00
OSD Vision	Individual Coverage	\$ 25.00	
OSD Vision	Individual + Coverage		\$ 33.00
The total estimate of mandatory benefit monthly premiums (to be subtracted from the state allotment above):		\$ 145.10	\$ 153.10
ESTIMATED BALANCE TO APPLY TOWARDS OPTIONAL MEDICAL INSURANCE:		\$ 674.90	\$ 666.90

Insurance Coverage Begins November 1, 2017

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

MEDICAL HEALTHCARE PROVIDER PLANS		MONTHLY PREMIUM	OUT-OF-POCKET COST FOR MEDICAL HEALTH CARE PLAN EMPLOYEE ONLY	OUT-OF-POCKET COST FOR MEDICAL HEALTH CARE PLAN EMPLOYEE (+) FAMILY
United Healthcare	Employee Only	\$ 636.58	\$ -	\$ -
Health Reimbursement Option (HRA)	Employee & Spouse	\$ 1,161.75	\$ (486.85)	\$ (494.85)
	Employee, Spouse & Child(ren)	\$ 1,375.11	\$ (700.21)	\$ (708.21)
UHC Choice Plus	Employee & Child(ren)	\$ 873.21	\$ (198.31)	\$ (206.31)
United Healthcare	Employee Only	\$ 1,152.94	\$ (478.04)	\$ (486.04)
Mod5	Employee & Spouse	\$ 2,213.63	\$ (1,538.73)	\$ (1,546.73)
	Employee, Spouse & Child(ren)	\$ 2,659.65	\$ (1,984.75)	\$ (1,992.75)
UHC Choice Plus	Employee & Child(ren)	\$ 1,568.44	\$ (893.54)	\$ (901.54)
United Healthcare	Employee Only	\$ 981.87	\$ (306.97)	\$ (314.97)
Mod2	Employee & Spouse	\$ 1,790.80	\$ (1,115.90)	\$ (1,123.90)
	Employee, Spouse & Child(ren)	\$ 2,146.52	\$ (1,471.62)	\$ (1,479.62)
UHC Choice Plus	Employee & Child(ren)	\$ 1,306.92	\$ (632.02)	\$ (640.02)
United Healthcare	Employee Only	\$ 808.01	\$ (133.11)	\$ (141.11)
Mod3	Employee & Spouse	\$ 1,470.80	\$ (795.90)	\$ (803.90)
	Employee, Spouse & Child(ren)	\$ 1,762.96	\$ (1,088.06)	\$ (1,096.06)
UHC Choice Plus	Employee & Child(ren)	\$ 1,073.52	\$ (398.62)	\$ (406.62)
United Healthcare	Employee Only	\$ 634.14	\$ -	\$ -
ModA	Employee & Spouse	\$ 1,147.20	\$ (472.30)	\$ (480.30)
	Employee, Spouse & Child(ren)	\$ 1,374.07	\$ (699.17)	\$ (707.17)
UHC Choice Plus	Employee & Child(ren)	\$ 838.41	\$ (163.51)	\$ (171.51)

SEE BACK OF FORM FOR ADDITIONAL PLANS

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MEDICAL HEALTHCARE PROVIDER PLANS		MONTHLY PREMIUM	\$ 674.90	\$ 666.90
			OUT-OF-POCKET COST FOR MEDICAL HEALTH CARE PLAN EMPLOYEE ONLY	OUT-OF-POCKET COST FOR MEDICAL HEALTH CARE PLAN-EMPLOYEE + FAMILY
United Healthcare ModB 0 UHC Choice Plus	Employee Only	\$ 634.14	\$ -	\$ -
	Employee & Spouse	\$ 1,147.20	\$ (472.30)	\$ (480.30)
	Employee, Spouse & Child(ren)	\$ 1,374.07	\$ (699.17)	\$ (707.17)
	Employee & Child(ren)	\$ 838.41	\$ (163.51)	\$ (171.51)
United Healthcare Basic Benefit Plan 0 UHC Choice Plus	Employee Only	\$ 580.22	\$ -	\$ -
	Employee & Spouse	\$ 1,048.97	\$ (374.07)	\$ (382.07)
	Employee, Spouse & Child(ren)	\$ 1,256.28	\$ (581.38)	\$ (589.38)
	Employee & Child(ren)	\$ 767.83	\$ (92.93)	\$ (100.93)
United Healthcare A15J (Choice + HSA) HAS UHC Choice Plus	Employee Only	\$ 499.06	\$ -	\$ -
	Employee & Spouse	\$ 901.38	\$ (226.48)	\$ (234.48)
	Employee, Spouse & Child(ren)	\$ 1,064.59	\$ (389.69)	\$ (397.69)
	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.