

Prairie Central CUSD #8 2009 Insurance Open Enrollment

Paperwork must be completed *BY CHRISTMAS BREAK*

If you are not making any changes to your insurance plan, nothing needs to be done.

In spite of a 9.5% rate increase, we will retain the same provider and plans as in previous years - Blue Cross/Blue Shield group health insurance with Traditional and Alternative options. The Traditional plan is, again, a \$1,000 deductible, with BPC reimbursing the difference in deductibles down to the \$250 level. The Alternative plan carries a \$1,500 deductible and qualifies for the Health Savings plan benefits. *Plan documents which show details of each plan are under "Printable Forms" at prairiecentral.org.*

- Employees may choose to take out group dental and/or life insurance even if he/she does not take health insurance. This is only available at open enrollment – no additions through the year unless you have a status change.
- Employees may choose family dental coverage even if their health insurance is single (and vice versa). Again, changes limited to open enrollment unless there is a status change.
- *Employees who work 20-25 hours per week are eligible for dental and life insurance at the below rates. Health Insurance is also available for those employees – the employer's share would be half the amount listed below.*

Traditional Insurance Rates - \$250 deductible

	Premium	Employer's Share	Employee's Share	Per Paycheck
E	\$ 523.89	\$ 481.93	\$ 41.96	\$ 20.98
E/S	\$1,100.15	\$ 481.93	\$ 618.22	\$ 309.11
E/C	\$ 995.41	\$ 481.93	\$ 513.48	\$ 256.74
E/S/C	\$1,571.59	\$ 481.93	\$1,089.66	\$ 544.83

Alternative Insurance Rates - \$1,500 deductible

	Premium	Employer's Share	Employee's Share	Per Paycheck
E	\$ 417.08	\$ 481.93	(\$ 64.85)	(\$ 32.43)
E/S	\$ 875.80	\$ 481.93	\$ 393.87	\$ 196.94
E/C	\$ 830.71	\$ 481.93	\$ 348.78	\$ 174.39
E/S/C	\$1,251.16	\$ 481.93	\$ 769.23	\$ 384.62

H.S.A. Participants: Any changes to your H.S.A. Flex Contribution must be done at this time. You will not be able to change the amount contributed through the flex plan throughout the year unless you have a status change. Contact Cheryl if you have questions.

Dental Insurance Rates

	Premium	Per Paycheck
E	\$ 34.68	\$ 17.34
E/S	\$ 72.16	\$ 36.08
E/C	\$ 66.59	\$ 33.30
E/S/C	\$104.07	\$ 52.04

Life Insurance Rates – \$2.56 per month for \$15,000 Term Life Insurance

Which Plan should you choose? Some comparisons (all figures assume all charges are in network).

	Traditional (\$250 Premium)	Alternative (H.S.A.)
Deductible	\$250 (\$750 family)	\$1500 (\$3,000 family)
Out Of Pocket	\$950	\$1500 (if in network)
Wellness Benefits	\$250	\$500
Vision Benefits	Yes	No (but should get discounts)
Copays	No	No, Except \$75 ER copay