

## Prairie Central CUSD #8 2010 Insurance Open Enrollment

**Paperwork must be completed *BY CHRISTMAS BREAK***

*If you are staying with the same plan, nothing needs to be done.*

We will retain the same provider and plans as in previous years - Blue Cross/Blue Shield group health insurance with Traditional and Alternative options, although the plans have been altered to keep premiums at a level affordable by the district and employees. The Traditional plan is now a \$500 deductible, with no HRA reimbursement. The Alternative plan carries a \$1,500 deductible and qualifies for the Health Savings plan benefits. *Plan documents which show details of each plan will be under "Human Resources" at prairiecentral.org once we receive updated versions from Blue Cross/Blue Shield.*

- 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 - \$500 deductible**

	Premium	Employer's Share	Employee's Share	Per Paycheck
E	\$ 534.17	\$ 491.38	\$ 42.79	\$ 21.40
E/S	\$1,121.71	\$ 491.38	\$ 630.33	\$ 315.17
E/C	\$1,014.88	\$ 491.38	\$ 523.50	\$ 261.75
E/S/C	\$1,602.48	\$ 491.38	\$1,111.10	\$ 555.55

### **Alternative Insurance Rates - \$1,500 deductible**

	Premium	Employer's Share	Employee's Share	Per Paycheck
E	\$ 477.39	\$ 491.38	\$ ( 13.99)	\$ ( 7.00)
E/S	\$1,002.44	\$ 491.38	\$ 511.06	\$ 255.53
E/C	\$ 950.83	\$ 491.38	\$ 459.45	\$ 229.73
E/S/C	\$1,432.08	\$ 491.38	\$ 940.70	\$ 470.35

*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 via the flex plan through the year unless you have a status change.*

### **Dental Insurance Rates – no changes with this plan, 8% Decrease in premiums**

	Premium	Per Paycheck
E	\$ 31.84	\$ 15.92
E/S	\$ 66.24	\$ 33.12
E/C	\$ 61.13	\$ 30.57
E/S/C	\$ 95.54	\$ 47.77

### **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	Alternative (H.S.A.)
Deductible	\$500 (\$1,500 family)	\$1,500 (\$3,000 family)
Out Of Pocket	\$1,200	\$1,500 (if in network)
Wellness Benefits	\$250	\$500
Vision Benefits	No	No
Copays	No	No, Except \$75 ER copay