

# CONCORD COMMUNITY SCHOOLS

## INSURANCE COST BREAKDOWN

Effective January 1, 2018

<b><u>EMPLOYEE ONLY</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
Health, Major Medical per Month	\$ 560.70	\$470.40
<b>Total Health Annual Cost (mth x 12)</b>	<b>\$ 6,728.40</b>	<b>\$ 5,644.80</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (5,000.00)</b>	<b>\$ (5,000.00)</b>
<b>HEALTH Employee Annual Cost</b>	<b>\$ 1,728.40</b>	<b>\$ 644.80</b>
26 pays =	\$ 66.48	\$ 24.80
20 pays =	\$ 86.42	\$ 32.24

Dental per Month	\$ 31.86	\$ 31.86
Vision per Month	\$ 10.32	\$ 10.32
<b>Total Dental &amp; Vision Annual Cost (mth x 12)</b>	<b>\$ 506.19</b>	<b>\$ 506.19</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (365.00)</b>	<b>\$ (365.00)</b>
<b>DENTAL &amp; VISION Employee Annual Cost</b>	<b>\$ 141.19</b>	<b>\$ 141.19</b>
26 pays =	\$ 5.43	\$ 5.43
20 pays =	\$ 7.06	\$ 7.06

<b><u>EMPLOYEE AND CHILDREN</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
Health, Major Medical per Month	\$ 1,315.65	\$1,104.60
<b>Total Health Annual Cost (mth x 12)</b>	<b>\$ 15,787.80</b>	<b>\$ 13,255.20</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (8,950.00)</b>	<b>\$ (8,950.00)</b>
<b>HEALTH Employee Annual Cost</b>	<b>\$ 6,837.80</b>	<b>\$ 4,305.20</b>
26 pays =	\$ 262.99	\$ 165.58
20 pays =	\$ 341.89	\$ 215.26

Dental per Month	\$ 78.84	\$ 78.84
Vision per Month	\$ 17.75	\$ 17.75
<b>Total Dental &amp; Vision Annual Cost (mth x 12)</b>	<b>\$ 1,159.06</b>	<b>\$ 1,159.06</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (635.00)</b>	<b>\$ (635.00)</b>
<b>DENTAL &amp; VISION Employee Annual Cost</b>	<b>\$ 524.06</b>	<b>\$ 524.06</b>
26 pays =	\$ 20.16	\$ 20.16
20 pays =	\$ 26.20	\$ 26.20

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<b>EMPLOYEE AND SPOUSE</b>	<b>Plan A</b>	<b>Plan B</b>
Health, Major Medical per Month	\$ 1,465.65	\$1,254.60
<b>Total Health Annual Cost (mth x 12)</b>	<b>\$ 17,587.80</b>	<b>\$ 15,055.20</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (8,950.00)</b>	<b>\$ (8,950.00)</b>
<b>HEALTH Employee Annual Cost</b>	\$ 8,637.80	\$ 6,105.20
26 pays =	\$ 332.22	\$ 234.82
20 pays =	\$ 431.89	\$ 305.26

Dental per Month	\$ 78.84	\$ 78.84
Vision per Month	\$ 17.39	\$ 17.39
<b>Total Dental &amp; Vision Annual Cost (mth x 12)</b>	<b>\$ 1,154.77</b>	<b>\$ 1,154.77</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (635.00)</b>	<b>\$ (635.00)</b>
<b>DENTAL &amp; VISION Employee Annual Cost</b>	\$ 519.77	\$ 519.77
26 pays =	\$ 19.99	\$ 19.99
20 pays =	\$ 25.99	\$ 25.99

<b>EMPLOYEE, SPOUSE, &amp; CHILDREN</b>	<b>Plan A</b>	<b>Plan B</b>
Health, Major Medical per Month	\$ 1,465.65	\$1,254.60
<b>Total Health Annual Cost (mth x 12)</b>	<b>\$ 17,587.80</b>	<b>\$ 15,055.20</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (8,950.00)</b>	<b>\$ (8,950.00)</b>
<b>HEALTH Employee Annual Cost</b>	\$ 8,637.80	\$ 6,105.20
26 pays =	\$ 332.22	\$ 234.82
20 pays =	\$ 431.89	\$ 305.26

Dental per Month	\$ 78.84	\$ 78.84
Vision per Month	\$ 17.39	\$ 17.39
<b>Total Dental &amp; Vision Annual Cost (mth x 12)</b>	<b>\$ 1,154.77</b>	<b>\$ 1,154.77</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (635.00)</b>	<b>\$ (635.00)</b>
<b>DENTAL &amp; VISION Employee Annual Cost</b>	\$ 519.77	\$ 519.77
26 pays =	\$ 19.99	\$ 19.99
20 pays =	\$ 25.99	\$ 25.99

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Effective January 1, 2018

<b><u>TWO EMPLOYEES</u></b>	<b><u>Plan A</u></b>	<b><u>Plan B</u></b>
Health, Major Medical per Month	\$ 1,315.65	\$1,104.60
<b>Total Health Annual Cost (mth x 12)</b>	<b>\$ 15,787.80</b>	<b>\$ 13,255.20</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (13,950.00)</b>	<b>\$ (13,950.00)</b>
<b>HEALTH Employee Annual Cost</b>	\$ 1,837.80	\$ 1.00
26 pays =	\$ 70.68	\$ 0.04
20 pays =	\$ 91.89	\$ 0.05
Dental per Month	\$ 78.84	\$ 78.84
Vision per Month	\$ 17.75	\$ 17.75
<b>Total Dental &amp; Vision Annual Cost (mth x 12)</b>	<b>\$ 1,159.06</b>	<b>\$ 1,159.06</b>
<b>Corp Paid Annual Fringe Benefit</b>	<b>\$ (1,000.00)</b>	<b>\$ (1,000.00)</b>
<b>DENTAL &amp; VISION Employee Annual Cost</b>	\$ 159.06	\$ 159.06
26 pays =	\$ 6.12	\$ 6.12
20 pays =	\$ 7.95	\$ 7.95