								urance		
or our self-	funded group. These	e rat	es will bed	ome effective	e C	october 1.				
						E INFOR	RMATION			
(the follow	ving rates are based	d on	a full-tim	e employee)	)					
		Anr	nual	ı	Mor	nthly				
400	Family	r.	11 100			-				
tes	ramily	Ъ	14,400		<b>\$</b> 1	,200.00				
	Employer Share	\$	11,520		\$	960.00				
	Employee Share	\$	2,880.0		\$	240.00				
	Single	\$	6,000		\$	500				
	Employer Share	\$	4,800		\$	400				
	Employee Share	\$	1,200		\$	100		Difference	Per	· Month
	<b>-</b>	^	45.000		Φ.	000.00			. 51	
e)	ramily	\$	15,600		<b>\$</b> 1	,300.00		\$ 100.00		
,	Employer Share	\$	12,480					\$ 80.00		
	Employee Share	\$	3,120.0		\$	260.00		\$ 20.00		
	Single	\$	6,420		\$	535		\$ 35.00		
	Employer Share	\$	5,136		\$	428		\$ 28.00		
	Employee Share	\$	1,284		\$	107		\$ 7.00		
					ity a	account	would			
ate increas	ses:									
ober	E0/									
	5%			Cost of the I	Dist	trict for 20	015-2016		\$	3,368,544.0
ober	5%			Cost of the I					\$	3,368,544.0 842,136.0
				Cost to Emp	oloy		015-2016		\$	842,136.0
ober	5%			Cost to Emp Family Plans Single Plans	oloy s		015-2016 219 108		\$ \$	842,136.0 3,416,400 693,360
	5%			Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$	842,136.0 3,416,400 693,360 62,400
ober	5%	% b	uy down)	Cost to Emp Family Plans Single Plans	oloy s		015-2016 219 108		\$ \$	842,136.0 3,416,400 693,360 62,400 38,520
ober	5% 3% 5%	% b	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4	TOTAL	\$ \$ \$	842,136.0 3,416,400 693,360 62,400
ober ober ober	5% 3% 5% 5% (plus a board 3	% b	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$ \$	842,136.0 3,416,400 693,360 62,400 38,520
ober ober ober	5% 3% 5% 5% (plus a board 3	% b	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$ \$	842,136.0 3,416,400 693,360 62,400 38,520
ober ober ober	5% 3% 5% 5% (plus a board 3 10%	% b	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$ \$	842,136.0 3,416,400 693,360 62,400 38,520
ober ober ober ober	5% 3% 5% 5% (plus a board 3 10% 19%	% b	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$ \$	842,136.0 3,416,400 693,360 62,400 38,520
ober ober ober ober ober	5%  5%  5% (plus a board 3)  10%  19%  8%	% bt	uy down)	Cost to Emp Family Plans Single Plans Cobra F	oloy s		015-2016 219 108 4		\$ \$ \$ \$	842,136.0 3,416,400 693,360 62,400 38,520
	or our self- N PUBLIC (the follow tes  a)  uggested r annual rev ate increas	tes Family  Employer Share  Employer Share	or our self-funded group. These rate  N PUBLIC SCHOOLS HEALTH INS  (the following rates are based on  Annotes  Employer Share  Employee Share  Single  Employee Share  Family  Family  Single  Employee Share  Family  Single  Employee Share  Family  Single  Employee Share  Family  Single  Employer Share  Employer Share  Employer Share  Single  Employee Share  Employee Share  Single  Employee Share  Single  Single	or our self-funded group. These rates will bed N PUBLIC SCHOOLS HEALTH INSURANCE (the following rates are based on a full-tim  Annual  Employer Share  Employee Share  Employee Share  Employee Share  Family  Family  Family  Family  Family  Single  Employee Share  Single  Employee Share  Single  Single	or our self-funded group. These rates will become effective N PUBLIC SCHOOLS HEALTH INSURANCE PREMIUM F (the following rates are based on a full-time employee Annual	or our self-funded group. These rates will become effective Control of the following rates are based on a full-time employee)  Annual More and the following rates are based on a full-time employee)  Annual More and a full-time employee and a full	or our self-funded group. These rates will become effective October 1  N PUBLIC SCHOOLS HEALTH INSURANCE PREMIUM RATE INFOR  (the following rates are based on a full-time employee)  Annual Monthly  tes Family \$ 14,400 \$ 1,200.00  Employer Share \$ 11,520 \$ 960.00  Single \$ 6,000 \$ 500  Employer Share \$ 4,800 \$ 400  Employer Share \$ 1,200 \$ 100  Employer Share \$ 1,200 \$ 100  Employer Share \$ 1,200 \$ 100  Employer Share \$ 12,480 \$ 1,040.00  Employer Share \$ 3,120.0 \$ 260.00  Employer Share \$ 5,136 \$ 428  Employee Share \$ 1,284 \$ 107  uggested rates the Self-Funded Health Insurance liability account annual revenue increase of approximately \$397,000.	or our self-funded group. These rates will become effective October 1.  N PUBLIC SCHOOLS HEALTH INSURANCE PREMIUM RATE INFORMATION (the following rates are based on a full-time employee)  Annual Monthly  tes Family \$ 14,400 \$ 1,200.00  Employer Share \$ 11,520 \$ 960.00  Employee Share \$ 2,880.0 \$ 240.00  Single \$ 6,000 \$ 500  Employer Share \$ 4,800 \$ 400  Employee Share \$ 1,200 \$ 100  Family \$ 15,600 \$ 1,300.00  Employer Share \$ 12,480 \$ 1,040.00  Employer Share \$ 3,120.0 \$ 260.00  Employer Share \$ 5,136 \$ 428  Employer Share \$ 5,136 \$ 428  Employee Share \$ 1,284 \$ 107  Employee Share \$ 1,284 \$ 107	N PUBLIC SCHOOLS HEALTH INSURANCE PREMIUM RATE INFORMATION ((the following rates are based on a full-time employee)	Public Schools Health Insurance inability account would annual revenue increase of approximately \$397,000.

prepared by Vince Reep 8/6/2015