

## FY19 CEA Employee Health Insurance Premiums

FTE	Per Payroll Premium	Total Premium
<b>Medical A/Dental B Plan</b>		
.875 - 1.0	\$ 229.90	\$ 4,138.20
.75 - .874	\$ 522.70	\$ 9,408.60
.49 - .74	\$ 815.51	\$ 14,679.18

FTE	Per Payroll Premium	Total Premium
<b>A/B Plan - Previously Waived*</b>		
.875 - 1.0	\$ 330.83	\$ 5,954.94
.75 - .874	\$ 623.64	\$ 11,225.52
.49 - .74	\$ 916.45	\$ 16,496.10

FTE	Per Payroll Premium	Total Premium
<b>Medical C/Dental B Plan</b>		
.875 - 1.0	\$ 161.90	\$ 2,914.20
.75 - .874	\$ 454.70	\$ 8,184.60
.49 - .74	\$ 747.51	\$ 13,455.18

FTE	Per Payroll Premium	Total Premium
<b>C/B Plan - Previously Waived*</b>		
.875 - 1.0	\$ 262.83	\$ 4,730.94
.75 - .874	\$ 555.64	\$ 10,001.52
.49 - .74	\$ 848.45	\$ 15,272.10

FTE	Per Payroll Premium	Total Premium
<b>Medical F/Dental B Plan</b>		
.875 - 1.0	\$ 46.56	\$ 838.08
.75 - .874	\$ 339.37	\$ 6,108.66
.49 - .74	\$ 632.18	\$ 11,379.24

FTE	Per Payroll Premium	Total Premium
<b>F/B Plan - Previously Waived*</b>		
.875 - 1.0	\$ 147.50	\$ 2,655.00
.75 - .874	\$ 440.30	\$ 7,925.40
.49 - .74	\$ 733.11	\$ 13,195.98

FTE	Per Payroll Premium	Total Premium
<b>High Deductible Health Plan</b>		
.875 - 1.0	\$ -	\$ -
.75 - .874	\$ 269.81	\$ 4,856.58
.49 - .74	\$ 539.63	\$ 9,713.34

\* The **PREVIOUSLY WAIVED** fee only applies to members who are/were on the HDHP plan or waived insurance (during this current contract) and change(d) to one of the other plans **without a life qualifying event**. This amount is calculated by adding 10% of the district's base premium amount of \$1514 (\$151.40/month) to the applicable premium amount. If you are not sure if you have or will be assessed the 10% penalty fee, please call the payroll department @ 907-761-4057.

**NOTE:** The premium rates are based on our current negotiated agreement. When we ratify a new agreement, there may be a new rate structure as well as an opportunity to change your plan.