

FY20 CEA Employee Health Insurance Premiums

FTE	Per Payroll Premium	Total Premium
Medical A/Dental B Plan		
.875 - 1.0	\$ 261.40	\$ 4,705.20
.75 - .874	\$ 559.91	\$ 10,078.38
.49 - .74	\$ 858.43	\$ 15,451.74

FTE	Per Payroll Premium	Total Premium
A/B Plan - Previously Waived*		
.875 - 1.0	\$ 362.33	\$ 6,521.94
.75 - .874	\$ 660.85	\$ 11,895.30
.49 - .74	\$ 959.37	\$ 17,268.66

FTE	Per Payroll Premium	Total Premium
Medical C/Dental B Plan		
.875 - 1.0	\$ 184.73	\$ 3,325.14
.75 - .874	\$ 483.25	\$ 8,698.50
.49 - .74	\$ 781.76	\$ 14,071.68

FTE	Per Payroll Premium	Total Premium
C/B Plan - Previously Waived*		
.875 - 1.0	\$ 285.66	\$ 5,141.88
.75 - .874	\$ 584.19	\$ 10,515.42
.49 - .74	\$ 882.70	\$ 15,888.60

FTE	Per Payroll Premium	Total Premium
Medical F/Dental B Plan		
.875 - 1.0	\$ 78.73	\$ 1,417.14
.75 - .874	\$ 377.25	\$ 6,790.50
.49 - .74	\$ 597.03	\$ 10,746.54

FTE	Per Payroll Premium	Total Premium
F/B Plan - Previously Waived*		
.875 - 1.0	\$ 179.67	\$ 3,234.06
.75 - .874	\$ 478.19	\$ 8,607.42
.49 - .74	\$ 697.97	\$ 12,563.46

FTE	Per Payroll Premium	Total Premium
High Deductible Health Plan		
.875 - 1.0	\$ -	\$ -
.75 - .874	\$ 285.66	\$ 5,141.88
.49 - .74	\$ 571.33	\$ 10,283.94

* 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 without penalty.