

**WENTZVILLE R-IV SCHOOL DISTRICT**  
**HEALTH INSURANCE RATES (October 1, 2019 through September 30, 2020)**

<b><u>Medical Insurance – Blue Access Choice PPO - \$1,000 Corridor</u></b>	<b><u>Monthly</u></b>	<b><u>Semi-monthly</u></b>
Employee Only (District paid \$678.00 per month)	<b>\$0</b>	<b>\$0</b>
Employee + Spouse	\$ 694.00	\$347.00
Employee + Children	\$ 597.00	\$298.50
Employee + Family	\$1,207.00	\$603.50

<b><u>Medical Insurance – Blue Access Choice PPO - \$0 Corridor</u></b>	<b><u>Monthly</u></b>	<b><u>Semi-monthly</u></b>
Employee Only (\$741.00 per month; District pays \$678.00)	\$ 63.00	\$ 31.50
Employee + Spouse	\$ 823.00	\$411.50
Employee + Children	\$ 716.00	\$358.00
Employee + Family	\$1,382.00	\$691.00

<b><u>Medical Insurance – Blue Access Choice PPO - \$2,000 Corridor</u></b>	<b><u>Monthly</u></b>	<b><u>Semi-monthly</u></b>
Employee Only (\$617.00; District benefit \$678.00 – this option allows \$61.00 Benefit Credit toward dependent premiums; not yet subtracted from these figures.)		
Employee + Spouse	\$ 632.00	\$316.00
Employee + Children	\$ 544.00	\$272.00
Employee + Family	\$1,099.00	\$549.50

This plan is intended to help offset dependent premiums. The \$61 can offset medical, dental, or vision premiums for your dependents only.

<b><u>Health Savings Account Plan - you may not have an FSA and HSA account in same tax year</u></b>		
Employee Only (\$484.00; District benefit \$678.00 – this option allows \$194.00 Benefit Credit deposited in your HSA bank account.)		
Employee + Spouse	\$502.00	\$251.00
Employee + Children	\$429.00	\$214.50
Employee + Family	\$890.00	\$445.00

<b><u>KIDZ Plan (cost per child)</u></b>		
1 Child	\$200.00	\$100.00
2 or more Children	\$400.00	\$200.00

<b><u>Dental Insurance – Delta Dental</u></b>		
Employee Only (District paid \$41.30 per month)	\$0	\$0
Employee + Spouse	\$ 40.76	\$20.38
Employee + Children	\$ 63.18	\$31.59
Employee + Family	\$103.46	\$51.73

<b><u>Vision Insurance – Vision Benefits of America</u></b>		
Employee Only (District paid \$4.80 per month)	\$0	\$0
Employee + Spouse	\$ 5.38	\$ 2.69
Employee + Children	\$ 6.96	\$ 3.48
Employee + Family	\$12.44	\$ 6.22

<b><u>Life Insurance – The Hartford</u></b>		
Employee (District paid \$3.30 per month)		
\$50,000 Basic coverage and \$50,000 AD&D	\$0	\$0

<b><u>Dependent Life Insurance – The Hartford – Units of 10,000</u></b>		
Children: \$5,000/\$10,000 policy		.58/1.15
Spouse (up to \$50,000)	1.92 Per Unit to a Maximum of \$50,000	

**Supplemental Life Insurance – The Hartford**  
 Available to employees in amounts of 1-5X annual salary to \$500,000. Evidence of insurability may be required. Forms and rate calculators are on the Enrollment Portal. Rates are based on salary and age as of Oct 1 each year and will be adjusted accordingly at Open Enrollment.

**Disability Insurance – The Hartford**  
 Voluntary Short and Long-term Disability Plans are available through The Hartford. Enrollment is optional, as the premiums are to be paid through payroll deductions. Plan information and rates are available on the Enrollment Portal. (Evidence of insurability may be required if employee is not enrolled within 30 days of employment.) Rates are based on salary and age as of Oct 1 each year and will be adjusted accordingly at Open Enrollment.