

# 2019-20 Board & Employee Insurance Contributions

## Peru Elementary School District 124

### HSA Insurance Premiums

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Single Coverage</b>				
Medical	\$678.95	\$538.95	\$140.00	\$70.00
Dental	\$35.13	\$33.52	\$1.61	\$0.81
Vision	\$6.59	\$6.26	\$0.33	\$0.17
<b>Total</b>	<b>\$720.67</b>	<b>\$578.73</b>	<b>\$141.94</b>	<b>\$70.97</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Plus Child Coverage</b>				
Medical	\$1,421.31	\$1,066.31	\$355.00	\$177.50
Dental	\$85.05	\$73.51	\$11.54	\$5.77
Vision	\$13.18	\$11.20	\$1.98	\$0.99
<b>Total</b>	<b>\$1,519.54</b>	<b>\$1,151.02</b>	<b>\$368.52</b>	<b>\$184.26</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Plus Spouse Coverage</b>				
Medical	\$1,770.83	\$1,050.83	\$720.00	\$360.00
Dental	\$65.51	\$47.57	\$17.94	\$8.97
Vision	\$12.51	\$8.76	\$3.75	\$1.88
<b>Total</b>	<b>\$1,848.85</b>	<b>\$1,107.16</b>	<b>\$741.69</b>	<b>\$370.85</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Full Family Coverage</b>				
Medical	\$2,513.20	\$988.20	\$1,525.00	\$762.50
Dental	\$124.67	\$68.22	\$56.45	\$28.23
Vision	\$19.36	\$9.68	\$9.68	\$4.84
<b>Total</b>	<b>\$2,657.23</b>	<b>\$1,066.10</b>	<b>\$1,591.13</b>	<b>\$795.57</b>

### HRA Insurance Premiums

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Single Coverage</b>				
Medical	\$785.66	\$625.66	\$160.00	\$80.00
Dental	\$35.13	\$33.52	\$1.61	\$0.81
Vision	\$6.59	\$6.26	\$0.33	\$0.17
<b>Total</b>	<b>\$827.38</b>	<b>\$665.44</b>	<b>\$161.94</b>	<b>\$80.97</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Plus Child Coverage</b>				
Medical	\$1,644.71	\$1,229.71	\$415.00	\$207.50
Dental	\$85.05	\$73.51	\$11.54	\$5.77
Vision	\$13.18	\$11.20	\$1.98	\$0.99
<b>Total</b>	<b>\$1,742.94</b>	<b>\$1,314.42</b>	<b>\$428.52</b>	<b>\$214.26</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Plus Spouse Coverage</b>				
Medical	\$2,049.16	\$1,224.16	\$825.00	\$412.50
Dental	\$65.51	\$47.57	\$17.94	\$8.97
Vision	\$12.51	\$8.76	\$3.75	\$1.88
<b>Total</b>	<b>\$2,127.18</b>	<b>\$1,280.49</b>	<b>\$846.69</b>	<b>\$423.35</b>

		<b>Board Monthly</b>	<b>Employee Monthly</b>	<b>Employee Per Check</b>
<b>Full Family Coverage</b>				
Medical	\$2,908.21	\$1,158.21	\$1,750.00	\$875.00
Dental	\$124.67	\$68.22	\$56.45	\$28.23
Vision	\$19.36	\$9.68	\$9.68	\$4.84
<b>Total</b>	<b>\$3,052.24</b>	<b>\$1,236.11</b>	<b>\$1,816.13</b>	<b>\$908.07</b>