2019-20 Board & Employee Insurance Contributions Peru Elementary School District 124

HSA Insurance Premiums

Single Coverage	P	Board Monthly	Employee Monthly	Employee Per Check
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
Total	\$720.67	\$578.73	\$141.94	\$70.97
		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
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
Total	\$1,519.54	\$1,151.02	\$368.52	\$184.26
		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
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
Total	\$1,848.85	\$1,107.16	\$741.69	\$370.85
		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
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
Total	\$2,657.23	\$1,066.10	\$1,591.13	\$795.57

HRA Insurance Premiums

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
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
Total	\$827.38	\$665.44	\$161.94	\$80.97
		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
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
Total	\$1,742.94	\$1,314.42	\$428.52	\$214.26
		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$2,049.16	¢1 004 16		\$412.50
	$\psi 2,045.10$	\$1,224.16	\$825.00	Φ 412.30
Dental	\$65.51	\$1,224.16 \$47.57	\$825.00 \$17.94	\$412.50 \$8.97
Dental Vision	. ,		•	•
	\$65.51	\$47.57	\$17.94	\$8.97
Vision	\$65.51 \$12.51	\$47.57 \$8.76 \$1,280.49	\$17.94 \$3.75 \$846.69	\$8.97 \$1.88 \$423.35
Vision Total	\$65.51 \$12.51 \$2,127.18	\$47.57 \$8.76 \$1,280.49 Board	\$17.94 \$3.75 \$846.69 Employee	\$8.97 \$1.88 \$423.35 Employee
Vision Total Full Family Cov	\$65.51 \$12.51 \$2,127.18 erage	\$47.57 \$8.76 \$1,280.49 Board Monthly	\$17.94 \$3.75 \$846.69 Employee Monthly	\$8.97 \$1.88 \$423.35 Employee Per Check
Vision Total Full Family Cov Medical	\$65.51 \$12.51 \$2,127.18 erage \$2,908.21	\$47.57 \$8.76 \$1,280.49 Board Monthly \$1,158.21	\$17.94 \$3.75 \$846.69 Employee Monthly \$1,750.00	\$8.97 \$1.88 \$423.35 Employee Per Check \$875.00
Vision Total Full Family Cov Medical Dental	\$65.51 \$12.51 \$2,127.18 erage \$2,908.21 \$124.67	\$47.57 \$8.76 \$1,280.49 Board Monthly \$1,158.21 \$68.22	\$17.94 \$3.75 \$846.69 Employee Monthly \$1,750.00 \$56.45	\$8.97 \$1.88 \$423.35 Employee Per Check \$875.00 \$28.23
Vision Total Full Family Cov Medical	\$65.51 \$12.51 \$2,127.18 erage \$2,908.21	\$47.57 \$8.76 \$1,280.49 Board Monthly \$1,158.21	\$17.94 \$3.75 \$846.69 Employee Monthly \$1,750.00	\$8.97 \$1.88 \$423.35 Employee Per Check \$875.00