2020-21 Board & Employee Insurance Contributions
Peru Elementary School District 124

HSA Insurance Premiums

Single Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$735.12	$595.12	$140.00	$70.00
Dental	$36.01	$34.40	$1.61	$0.81
Vision	$6.59	$6.26	$0.33	$0.17
Total	**$777.72**	**$635.78**	**$141.94**	**$70.97**

Plus Child Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$1,548.32	$1,193.32	$355.00	$177.50
Dental	$92.49	$80.95	$11.54	$5.77
Vision	$13.18	$11.20	$1.98	$0.99
Total	**$1,653.99**	**$1,285.47**	**$368.52**	**$184.26**

Plus Spouse Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$1,614.94	$894.94	$720.00	$360.00
Dental	$72.85	$54.91	$17.94	$8.97
Vision	$12.51	$8.76	$3.75	$1.88
Total	**$1,700.30**	**$958.61**	**$741.69**	**$370.85**

Full Family Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$2,428.15	$903.15	$1,525.00	$762.50
Dental	$139.78	$83.33	$56.45	$28.23
Vision	$19.36	$9.68	$9.68	$4.84
Total	**$2,587.29**	**$996.16**	**$1,591.13**	**$795.57**

HRA Insurance Premiums

Single Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$843.71	$683.71	$160.00	$80.00
Dental	$36.01	$34.40	$1.61	$0.81
Vision	$6.59	$6.26	$0.33	$0.17
Total	**$886.31**	**$724.37**	**$161.94**	**$80.97**

Plus Child Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$1,777.01	$1,362.01	$415.00	$207.50
Dental	$92.49	$80.95	$11.54	$5.77
Vision	$13.18	$11.20	$1.98	$0.99
Total	**$1,882.68**	**$1,454.16**	**$428.52**	**$214.26**

Plus Spouse Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$1,853.48	$1,028.48	$825.00	$412.50
Dental	$72.85	$54.91	$17.94	$8.97
Vision	$12.51	$8.76	$3.75	$1.88
Total	**$1,938.84**	**$1,092.15**	**$846.69**	**$423.35**

Full Family Coverage		Board Monthly	Employee Monthly	Employee Per Check
Medical	$2,786.81	$1,036.81	$1,750.00	$875.00
Dental	$139.78	$83.33	$56.45	$28.23
Vision	$19.36	$9.68	$9.68	$4.84
Total	**$2,945.95**	**$1,129.82**	**$1,816.13**	**$908.07**