

Marshalltown Community School District

INSURANCE RATES EFFECTIVE 7/1/2019

HEALTH INSURANCE RATES - "GRANDFATHERED" EMPLOYEES			
EMPLOYEES WHO ARE CURRENTLY EMPLOYED AND ELECTING HEALTH INSURANCE COVERAGE			
1 person employed by District	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Standard PPO Single	\$ 584.05	\$ 584.05	\$ -
Standard PPO Employee +1	\$ 1,080.50	\$ 595.74	\$ 484.76
Standard PPO Family	\$ 1,752.16	\$ 900.00	\$ 852.16
Blue Advantage HMO Single	\$ 595.74	\$ 595.74	\$ -
Blue Advantage HMO Family	\$ 1,525.10	\$ 900.00	\$ 625.10
2 persons employed by District	Total Monthly Premium	Employer Contribution	Dual Employee Contribution (deducted from paycheck per month)
Standard PPO Employee +1	\$ 1,080.50	\$ 1,080.50	\$ -
Standard PPO Family	\$ 1,752.16	\$ 1,495.48	\$ 256.68
Blue Advantage HMO Family	\$ 1,525.10	\$ 1,495.48	\$ 29.62

HEALTH INSURANCE RATES - NEW ENROLLEES			
NEW EMPLOYEES or EXISTING EMPLOYEES ELECTING SINGLE OR FAMILY COVERAGE FOR THE FIRST TIME DURING THE OPEN ENROLLMENT PERIOD FOR 07/01/2019 COVERAGE			
1 person employed by District	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Standard PPO Single	\$ 584.05	\$ 584.05	\$ -
Standard PPO Employee +1	\$ 1,080.50	\$ 584.05	\$ 496.45
Standard PPO Family	\$ 1,752.16	\$ 584.05	\$ 1,168.11
Blue Advantage HMO Single	\$ 595.74	\$ 584.05	\$ 11.69
Blue Advantage HMO Family	\$ 1,525.10	\$ 584.05	\$ 941.05
2 persons employed by District	Total Monthly Premium	Employer Contribution	Dual Employee Contribution (deducted from paycheck per month)
Standard PPO Employee +1	\$ 1,080.50	\$ 1,080.50	\$ -
Standard PPO Family	\$ 1,752.16	\$ 1,168.10	\$ 584.06
Blue Advantage HMO Family	\$ 1,525.10	\$ 1,168.10	\$ 357.00

DENTAL RATES			
Tier	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Single	\$ 37.52	\$ 37.52	\$ -
Family	\$ 106.88	\$ 37.52	\$ 69.36
Dual Family	\$ 106.88	\$ 75.04	\$ 31.84

VISION RATES			
Tier	Total Monthly Premium	Employer Contribution	Employee Contribution (deducted from paycheck per month)
Single	\$ 10.11	\$ 5.06	\$ 5.05
Family	\$ 23.30	\$ 5.06	\$ 18.24
Dual Family	\$ 23.30	\$ 10.12	\$ 13.18

For health plan comparisons, please see other side