

TUSD 2017-2018 Benefits Rates

Medical Rates

UHC PPO Plan



Coverage Level	Employee Per Pay Period	Employee Monthly Premium	Employee Annual Premium	Employer Annual Premium	Employer Monthly Premium
PPO Employee Only	\$30.02	\$50.03	\$600.36	\$6,280.44	\$523.37
PPO Employee + Spouse	\$355.71	\$592.85	\$7,114.20	\$13,188.84	\$1,099.07
PPO Employee + Child(ren)	\$313.63	\$522.72	\$6,272.64	\$11,932.80	\$994.40
PPO Employee + Family	\$608.19	\$1,013.65	\$12,163.80	\$18,841.32	\$1,570.11

UHC HDHP

Coverage Level	Employee Per Pay Period	Employee Monthly Premium	Employee Annual Premium	Employer Annual Premium	Employer Monthly Premium
HDHP Employee Only	\$0.00	\$0.00	\$0.00	\$5,543.64	\$461.97
HDHP Employee + Spouse	\$149.62	\$249.37	\$2,992.44	\$11,641.56	\$970.13
HDHP Employee + Child(ren)	\$106.66	\$177.77	\$2,133.24	\$10,532.88	\$877.74
HDHP Employee + Family	\$266.04	\$443.40	\$5,320.80	\$16,630.80	\$1,385.90

If you successfully completed the 2016-2017 Wellness Incentive Program, your rates for the UHC PPO Plan will be reduced by \$300 spread over 20 biweekly paychecks.

If you enrolled into the HDHP, the \$300 wellness credit, will be applied to your HSA with Optum Bank biweekly at \$15 for 20 pay periods.

Pharmacy Rates

	Choice Plus Plan		HDHP	
Retail (30 day)	In Network	Out Network	In Network	Out Network
Tier 1	\$0	\$0	0% after ded	0% after ded
Tier 2	\$40	\$40	20% after ded	20% after ded
Tier 3	\$80	\$80	20% after ded	20% after ded
Mail Order (90 day)				
Tier 1	\$0	N/A	0% after ded	N/A
Tier 2	\$80	N/A	20% after ded	N/A
Tier 3	\$160	N/A	20% after ded	N/A

Dental Rates

EDS Pre-Paid Dental Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$5.10	\$8.50	\$102.00
Employee + Spouse	\$9.95	\$16.58	\$198.96
Employee + Child(ren)	\$13.26	\$22.10	\$265.20
Employee + Family	\$14.79	\$24.65	\$295.80

Delta Dental Low Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$13.57	\$22.62	\$271.44
Employee + Spouse	\$32.60	\$54.34	\$652.08
Employee + Child(ren)	\$29.57	\$49.30	\$591.60
Employee + Family	\$46.91	\$78.18	\$938.16

Delta Dental High Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$25.25	\$42.08	\$504.96
Employee + Spouse	\$60.65	\$101.08	\$1,212.96
Employee + Child(ren)	\$55.02	\$91.70	\$1,100.40
Employee + Family	\$87.25	\$145.42	\$1,745.04



Vision Rates

Avesis Advantage Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$3.85	\$6.41	\$76.92
Employee + Spouse	\$6.75	\$11.25	\$135.00
Employee + Child(ren)	\$7.80	\$13.00	\$156.00
Employee + Family	\$10.05	\$16.75	\$201.00

Avesis Discount Plan

Coverage Level	Per Pay Period	Monthly Premium	Employee Annual Premium
Employee Only	\$0	\$0	\$0
Employee + Spouse	\$0	\$0	\$0
Employee + Child(ren)	\$0	\$0	\$0
Employee + Family	\$0	\$0	\$0

Supplemental Life Insurance Rates

Age	Monthly Rate / \$10,000	Age	Monthly Rate / \$10,000
Under 25	\$.57	50-54	\$2.37
25-29	\$.57	55-59	\$4.11
30-34	\$.70	60-64	\$4.60
35-39	\$.76	65-69	\$11.24
40-44	\$1.01	70-74	\$13.41
45-49	\$1.50	75+	\$20.80
Children - All Ages Monthly Rate / 10,000 \$.12			

Short Term Disability Rates

The District offers 2 plans through MetLife with elimination periods as follows:

Plan 7/14

For Accident: 7 days

For Illness (includes pregnancy): 14 days

Plan 14/21

For Accident: 14 days

For Illness (includes pregnancy): 21 days

7/14 Plan: Example based on an annual salary of \$30,000

Annual Premium =	Annual earnings * .6667 * .0126923	\$ 253.85
Biweekly Cost	Annual cost divided by 20 paychecks	\$ 12.69

14/21 Plan: Example based on an annual salary of \$30,000

Annual Premium =	Annual earnings * .6667 * .00876833	\$ 175.37
Biweekly Cost	Annual cost divided by 20 paychecks	\$ 8.74

If you had the 03 plan last year, you will be able to keep it this year, the rates remain the same.

Critical Illness Rates

Premium Structure

Monthly Premium for \$1,000 of Coverage

Attained Age	Employee	Spouse
<25	\$0.11	\$0.11
25-29	\$0.13	\$0.12
30-34	\$0.22	\$0.20
35-39	\$0.37	\$0.37
40-44	\$0.66	\$0.66
45-49	\$1.14	\$1.17
50-54	\$1.78	\$1.95
55-59	\$2.70	\$3.13
60-64	\$3.98	\$4.87
65-69	\$5.92	\$7.53
70-74	\$8.66	\$10.83
75-79	\$12.58	\$15.01
80-84	\$16.09	\$18.54
85+	\$17.43	\$19.78

Child(ren) (up to age 26)
\$0.07

**Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000. The Critical Illness benefit is \$10,000.*