

Sylvania Schools
Insurance Rate for Classified Employees
Effective 1/1/2017-12/31/2017

>35 Hr Employee pays 15%			HMO 100% CO-INSURANCE			Plan A					
FAMILY			Full premium: \$1,796.88			SINGLE			Full premium: \$704.64		
<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>
20 to 25	988.28	808.60	20 to 25	387.55	317.09	20 to 25	387.55	317.09	20 to 25	387.55	317.09
25.01 to 29.99	1167.97	628.91	25.01 to 29.99	458.02	246.62	25.01 to 29.99	458.02	246.62	25.01 to 29.99	458.02	246.62
30 to 35	1437.50	359.38	30 to 35	563.71	140.93	30 to 35	563.71	140.93	30 to 35	563.71	140.93
35.01 to 40	1527.35	269.53	35.01 to 40	598.94	105.70	35.01 to 40	598.94	105.70	35.01 to 40	598.94	105.70

>35 Hr Employee pays 10%			HMO 90/10% CO-INSURANCE			Plan B					
FAMILY			Full premium: \$1,726.35			SINGLE			Full premium: \$676.98		
<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>
20 to 25	1035.81	690.54	20 to 25	406.19	270.79	20 to 25	406.19	270.79	20 to 25	406.19	270.79
25.01 to 29.99	1294.76	431.59	25.01 to 29.99	507.73	169.25	25.01 to 29.99	507.73	169.25	25.01 to 29.99	507.73	169.25
30 to 35	1467.40	258.95	30 to 35	575.43	101.55	30 to 35	575.43	101.55	30 to 35	575.43	101.55
35.01 to 40	1553.71	172.64	35.01 to 40	609.28	67.70	35.01 to 40	609.28	67.70	35.01 to 40	609.28	67.70

>35 Hr Employee pays 7.5%			HMO 80/20% CO-INSURANCE			Plan C					
FAMILY			Full premium: \$1,661.24			SINGLE			Full premium: \$651.44		
<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>
20 to 25	1162.87	498.37	20 to 25	456.01	195.43	20 to 25	456.01	195.43	20 to 25	456.01	195.43
25.01 to 29.99	1412.05	249.19	25.01 to 29.99	553.72	97.72	25.01 to 29.99	553.72	97.72	25.01 to 29.99	553.72	97.72
30 to 35	1461.89	199.35	30 to 35	573.27	78.17	30 to 35	573.27	78.17	30 to 35	573.27	78.17
35.01 to 40	1536.65	124.59	35.01 to 40	602.58	48.86	35.01 to 40	602.58	48.86	35.01 to 40	602.58	48.86

>35 Hr Employee pays 0%			HMO HIGH DEDUCTIBLE			Plan D					
FAMILY			Full premium: \$1,504.77			SINGLE			Full premium: \$590.08		
<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>
20 to 25	1053.34	451.43	20 to 25	413.06	177.02	20 to 25	413.06	177.02	20 to 25	413.06	177.02
25.01 to 29.99	1279.05	225.72	25.01 to 29.99	501.57	88.51	25.01 to 29.99	501.57	88.51	25.01 to 29.99	501.57	88.51
30 to 35	1429.53	75.24	30 to 35	560.58	29.50	30 to 35	560.58	29.50	30 to 35	560.58	29.50
35.01 to 40	1504.77	0.00	35.01 to 40	590.08	0.00	35.01 to 40	590.08	0.00	35.01 to 40	590.08	0.00

>35 Hr Employee pays 0%			DENTAL								
FAMILY			Full premium: \$97.60			SINGLE			Full premium: \$32.36		
<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>	<u>Hrs/Week</u>	<u>Board Share</u>	<u>Employee Share</u>
20 to 25	53.68	43.92	20 to 25	17.80	14.56	20 to 25	17.80	14.56	20 to 25	17.80	14.56
25.01 to 30	68.32	29.28	25.01 to 30	22.65	9.71	25.01 to 30	22.65	9.71	25.01 to 30	22.65	9.71
30.01 to 35	82.96	14.64	30.01 to 35	27.51	4.85	30.01 to 35	27.51	4.85	30.01 to 35	27.51	4.85
35.01 to 40	97.60	0.00	35.01 to 40	32.36	0.00	35.01 to 40	32.36	0.00	35.01 to 40	32.36	0.00

Bronze Plan:	Single: 94.05	Board Share: 316.81	Family: 730.92
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