

Sylvania Schools
Monthly Insurance Rate for Classified Employees
Effective 1/1/2018-12/31/2018

>35 Hr Employee pays 15%			HMO 100% CO-INSURANCE			Plan A		
FAMILY		Full premium:	SINGLE		Full premium:			
		\$1,940.51			\$760.97			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	1067.28	873.23	20 to 25	418.53	342.44			
25.01 to 29.99	1261.33	679.18	25.01 to 29.99	494.63	266.34			
30 to 35	1552.41	388.10	30 to 35	608.78	152.19			
35.01 to 40	1649.43	291.08	35.01 to 40	646.82	114.15			

>35 Hr Employee pays 10%			HMO 90/10% CO-INSURANCE			Plan B		
FAMILY		Full premium:	SINGLE		Full premium:			
		\$1,865.17			\$731.42			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	1119.10	746.07	20 to 25	438.85	292.57			
25.01 to 29.99	1398.88	466.29	25.01 to 29.99	548.56	182.86			
30 to 35	1585.39	279.78	30 to 35	621.71	109.71			
35.01 to 40	1678.65	186.52	35.01 to 40	658.28	73.14			

>35 Hr Employee pays 7.5%			HMO 80/20% CO-INSURANCE			Plan C		
FAMILY		Full premium:	SINGLE		Full premium:			
		\$1,795.62			\$704.14			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	1256.93	538.69	20 to 25	492.90	211.24			
25.01 to 29.99	1526.28	269.34	25.01 to 29.99	598.52	105.62			
30 to 35	1580.15	215.47	30 to 35	619.64	84.50			
35.01 to 40	1660.95	134.67	35.01 to 40	651.33	52.81			

>35 Hr Employee pays 0%			HMO HIGH DEDUCTIBLE			Plan D		
FAMILY		Full premium:	SINGLE		Full premium:			
		\$1,628.77			\$638.71			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	1140.14	488.63	20 to 25	447.10	191.61			
25.01 to 29.99	1384.45	244.32	25.01 to 29.99	542.90	95.81			
30 to 35	1547.33	81.44	30 to 35	606.77	31.94			
35.01 to 40	1628.77	0.00	35.01 to 40	638.71	0.00			

>35 Hr Employee pays 10%			OUT OF AREA 90/10% CO-INSURANCE			Plan E		
FAMILY		Full premium:	SINGLE		Full premium:			
		\$1,865.17			\$731.42			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	1119.10	746.07	20 to 25	438.85	292.57			
25.01 to 29.99	1398.88	466.29	25.01 to 29.99	548.56	182.86			
30 to 35	1585.39	279.78	30 to 35	621.71	109.71			
35.01 to 40	1678.65	186.52	35.01 to 40	658.28	73.14			

Bronze Plan:	Single: 95.48	Board Share: 348.64	Family: 783.90
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>35 Hr Employee pays 0%			DENTAL					
FAMILY		Full premium:	SINGLE		Full premium:			
		\$97.46			\$32.29			
Hrs/Week	Board Share	Employee Share	Hrs/Week	Board Share	Employee Share			
20 to 25	53.60	43.86	20 to 25	17.76	14.53			
25.01 to 30	68.22	29.24	25.01 to 30	22.60	9.69			
30.01 to 35	82.84	14.62	30.01 to 35	27.45	4.84			
35.01 to 40	97.46	0.00	35.01 to 40	32.29	0.00			