

Sylvania Schools
Monthly Insurance Rate for Teachers & Administrators
Effective 1/1/2018-12/31/2018

FT Employee pays 15%			HMO 100% CO-INSURANCE			Plan A			
FAMILY		Full premium:	\$1,940.51			SINGLE		Full premium:	\$760.97
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	323.42	1617.09	1/6	126.83	634.14	1/6	126.83	634.14	
2/6	646.84	1293.67	2/6	253.66	507.31	2/6	253.66	507.31	
3/6	970.25	970.26	3/6	380.48	380.49	3/6	380.48	380.49	
4/6	1293.67	646.84	4/6	507.31	253.66	4/6	507.31	253.66	
4/5	1319.54	620.97	4/5	517.46	243.51	4/5	517.46	243.51	
5/6&6/6	1649.43	291.08	5/6&6/6	646.82	114.15	5/6&6/6	646.82	114.15	

FT Employee pays 10%			HMO 90/10% CO-INSURANCE			Plan B			
FAMILY		Full premium:	\$1,865.17			SINGLE		Full premium:	\$731.42
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	310.86	1554.31	1/6	121.90	609.52	1/6	121.90	609.52	
2/6	621.72	1243.45	2/6	243.81	487.61	2/6	243.81	487.61	
3/6	932.58	932.59	3/6	365.71	365.71	3/6	365.71	365.71	
4/6	1243.45	621.72	4/6	487.61	243.81	4/6	487.61	243.81	
4/5	1342.92	522.25	4/5	526.62	204.80	4/5	526.62	204.80	
5/6&6/6	1678.65	186.52	5/6&6/6	658.28	73.14	5/6&6/6	658.28	73.14	

FT Employee pays 7.5%			HMO 80/20% CO-INSURANCE			Plan C			
FAMILY		Full premium:	\$1,795.62			SINGLE		Full premium:	\$704.14
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	299.27	1496.35	1/6	117.36	586.78	1/6	117.36	586.78	
2/6	598.54	1197.08	2/6	234.71	469.43	2/6	234.71	469.43	
3/6	897.81	897.81	3/6	352.07	352.07	3/6	352.07	352.07	
4/6	1197.08	598.54	4/6	469.43	234.71	4/6	469.43	234.71	
4/5	1328.76	466.86	4/5	521.06	183.08	4/5	521.06	183.08	
5/6&6/6	1660.95	134.67	5/6&6/6	651.33	52.81	5/6&6/6	651.33	52.81	

FT Employee pays 0%			HMO HIGH DEDUCTIBLE			Plan D			
FAMILY		Full premium:	\$1,628.77			SINGLE		Full premium:	\$638.71
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	271.46	1357.31	1/6	106.45	532.26	1/6	106.45	532.26	
2/6	542.92	1085.85	2/6	212.90	425.81	2/6	212.90	425.81	
3/6	814.38	814.39	3/6	319.35	319.36	3/6	319.35	319.36	
4/6	1085.85	542.92	4/6	425.81	212.90	4/6	425.81	212.90	
4/5	1303.02	325.75	4/5	510.97	127.74	4/5	510.97	127.74	
5/6&6/6	1628.77	0.00	5/6&6/6	638.71	0.00	5/6&6/6	638.71	0.00	

FT Employee pays 10%			OUT OF AREA 90/10% CO-INSURANCE			Plan E			
FAMILY		Full premium:	\$1,865.17			SINGLE		Full premium:	\$731.42
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	310.86	1554.31	1/6	121.90	609.52	1/6	121.90	609.52	
2/6	621.72	1243.45	2/6	243.81	487.61	2/6	243.81	487.61	
3/6	932.58	932.59	3/6	365.71	365.71	3/6	365.71	365.71	
4/6	1243.45	621.72	4/6	487.61	243.81	4/6	487.61	243.81	
4/5	1342.92	522.25	4/5	526.62	204.80	4/5	526.62	204.80	
5/6&6/6	1678.65	186.52	5/6&6/6	658.28	73.14	5/6&6/6	658.28	73.14	

Bronze Plan: Single: 95.48 Board Share: 348.64 Family: 783.90

FT Employee pays 0%			DENTAL						
FAMILY		Full premium:	\$97.46			SINGLE		Full premium:	\$32.29
Portion/Day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	Portion of day	Board Share	Employee Share	
1/6	16.24	81.22	1/6	5.38	26.91	1/6	5.38	26.91	
2/6	32.49	64.97	2/6	10.76	21.53	2/6	10.76	21.53	
3/6	48.73	48.73	3/6	16.14	16.15	3/6	16.14	16.15	
4/6	64.97	32.49	4/6	21.53	10.76	4/6	21.53	10.76	
4/5	77.97	19.49	4/5	25.83	6.46	4/5	25.83	6.46	
5/6&6/6	97.46	0.00	5/6&6/6	32.29	0.00	5/6&6/6	32.29	0.00	