

**EMPLOYEE/DEPENDENT INSURANCE RATES
FOR FISCAL YEAR 2019/2020
EFFECTIVE 7/1/2019 – 6/30/2020**

| Blue Cross Blue Shield Medical | Employee Monthly Premium | Seasonal Employees Per Pay Deduction 21 pays | 12 Month Employees Per Pay Deduction 26 pays | COBRA Monthly Premium |
|--------------------------------|--------------------------|---|---|-----------------------|
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$557.85 |
| Employee + 1 | \$557.85 | \$318.77 | \$257.47 | \$1,115.69 |
| Employee + 2/More | \$764.24 | \$436.71 | \$352.73 | \$1,322.09 |

| Delta Dental | Employee Monthly Premium | Seasonal Employees Per Pay Deduction 21 pays | 12 Month Employees Per Pay Deduction 26 pays | COBRA Monthly Premium |
|-------------------|--------------------------|---|---|-----------------------|
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$33.16 |
| Employee + 1 | \$36.10 | \$20.63 | \$16.67 | \$69.26 |
| Employee + 2/More | \$78.46 | \$44.84 | \$36.22 | \$111.62 |

| Delta Vision Voluntary Vision Plan | Employee Monthly Premium | Seasonal Employees Per Pay Deduction 21 pays | 12 Month Employees Per Pay Deduction 26 pays | COBRA Monthly Premium |
|------------------------------------|--------------------------|---|---|-----------------------|
| Employee Only | \$5.96 | \$3.41 | \$2.76 | \$5.96 |
| Employee + 1 | \$12.05 | \$6.89 | \$5.57 | \$12.05 |
| Employee + 2/More | \$21.13 | \$12.08 | \$9.76 | \$21.13 |

These are the amounts per payday. You will have deductions for 26 paydays (12 month employees) or 21 paydays (all seasonal employees) for fiscal year 2019/2020. Payday amount = Monthly amount x 12 months/26 or 21 paydays. **The payday amounts will be different for mid-year hires/changes; payday amount will equal the monthly amount multiplied by the number of months from the effective date through 6/30/20 divided by the number of paydays left to deduct for fiscal year 2019/2020.**

COBRA is for continuation of benefits when an employee leaves the District's active medical and dental plans. Coverage will continue to be provided, but the employee will assume the entire monthly premium plus an additional 2% BASIC administration fee; The District currently pays the premium amount for the employee's standard coverage. COBRA is provided through BASIC, our third party administrator. Your monthly premiums are due to BASIC by their due date and coverage will be cancelled by Basic if not received on time. ASRS Retirees need to stop by the Benefits Office to complete a form to participate in the supplemental benefits plan.

Our medical plans are IRS Section 125 plans, which allow your deductions to be deducted pre-tax. Participation in Section 125 plans is on an annual basis. An employee is not allowed to change his/her election during the plan year. You will not be able to make changes to this plan year's election until the next annual open enrollment or during certain qualifying events. Examples of qualifying events for enrollments are adding a spouse due to marriage, adding a newborn or loss of coverage under another group dental plan. Examples of qualifying events for cancellation are dependents having a chance to go on another group dental plan such as through a spouse's employment. **All enrollments/cancellations must be processed within 31 days of the qualifying event.**