

CITY OF STAUNTON and STAUNTON CITY SCHOOLS -2017

HEALTH INSURANCE RATES - w/ WELLNESS PHYSICAL

SELF-FUNDED PLAN 2017 - AETNA HEALTH INSURANCE, W/ EXPRESS SCRIPTS, W/HEALTH EQUITY H.S.A. PLAN

January 1, 2017 - December 31, 2017

POS PLAN	Total Monthly Premium	City/School Employer Premium Share		Employee Share	City Employees Bi-Weekly Payroll Deduction	School Employees Monthly Payroll Deduction
Employee only	\$569.00	\$524.00	0.00	\$45.00	\$22.50	\$45.00
Employee + child	\$852.00	\$726.00	0.00	\$126.00	\$63.00	\$126.00
Employee + children	\$1,137.00	\$927.00	0.00	\$210.00	\$105.00	\$210.00
Employee + spouse	\$1,137.00	\$907.00	0.00	\$230.00	\$115.00	\$230.00
Employee + family	\$1,563.00	\$1,280.00	0.00	\$283.00	\$141.50	\$283.00

HIGH DEDUCTIBLE HEALTH PLAN w/ HEALTH SAVINGS ACCT	Total Monthly Premium	City/School Employer Premium Share	City/School Employer H.S.A. Contribution	Employee Share	City Employees Bi-Weekly Payroll Deduction	School Employees Monthly Payroll Deduction
Employee only	\$506.00	\$495.00	\$41.67	\$11.00	\$5.50	\$11.00
Employee + child	\$758.00	\$689.00	\$66.67	\$69.00	\$34.50	\$69.00
Employee + children	\$1,011.00	\$877.00	\$66.67	\$134.00	\$67.00	\$134.00
Employee + spouse	\$1,011.00	\$855.00	\$66.67	\$156.00	\$78.00	\$156.00
Employee + family	\$1,390.00	\$1,200.00	\$66.67	\$190.00	\$95.00	\$190.00

DENTAL PLAN- 2.5% DECREASE	Total Monthly Premium		City Employees Bi-Weekly Payroll Deduction	School Employees Monthly Payroll Deduction
LOW PLAN				
Employee only	23.32		11.66	\$23.32
Employee + one	46.62		23.31	\$46.62
Employee + family	78.74		39.37	\$78.74
HIGH PLAN				
Employee only	42.54		21.27	\$42.54
Employee + one	85.10		42.55	\$85.10
Employee + family	143.82		71.91	\$143.82

CITY OF STAUNTON AND STAUNTON CITY SCHOOLS- 2017

HEALTH INSURANCE RATES - WITHOUT WELLNESS PHYSICAL = +\$25

ACTIVE CITY AND SCHOOL EMPLOYEES - NOT RETIREES

January 1, 2017 - December 31, 2017

POS PLAN	Total Monthly Premium	City/School Employer Premium Share		Employee Share	City Employees Bi-Weekly Payroll Deduction	School Employees Monthly Payroll Deduction
Employee only	\$569.00	\$499.00		\$70.00	\$35.00	\$70.00
Employee + child	\$852.00	\$701.00		\$151.00	\$75.50	\$151.00
Employee + children	\$1,137.00	\$902.00		\$235.00	\$117.50	\$235.00
Employee + spouse	\$1,137.00	\$882.00		\$255.00	\$127.50	\$255.00
Employee + family	\$1,563.00	\$1,255.00		\$308.00	\$154.00	\$308.00

HIGH DEDUCTIBLE HEALTH SAVINGS PLAN	Total Monthly Premium	City/School Employer Premium Share	City/ School Employer H.S.A. Contribution	Employee Share	City Employees Bi-Weekly Payroll Deduction	School Employees Monthly Payroll Deduction
Employee only	\$506.00	\$470.00	\$41.67	\$36.00	\$18.00	\$36.00
Employee + child	\$758.00	\$664.00	\$66.67	\$94.00	\$47.00	\$94.00
Employee + children	\$1,011.00	\$852.00	\$66.67	\$159.00	\$79.50	\$159.00
Employee + spouse	\$1,011.00	\$830.00	\$66.67	\$181.00	\$90.50	\$181.00
Employee + family	\$1,390.00	\$1,175.00	\$66.67	\$215.00	\$107.50	\$215.00

NOTE: ADDITIONAL \$25.00 FEE FOR EMPLOYEE SHARE IF EMPLOYEE DID NOT MEET THE WELLNESS PHYSICAL REQUIREMENT BY AUGUST 31 2016. THE \$25.00 DOES NOT APPLY TO RETIREES.

STAUNTON CITY SCHOOLS- 2017				
TWO EMPLOYEE /SPOUSE HEALTH PLAN				
HEALTH INSURANCE RATES - W/ WELLNESS PHYSICAL				
January 1, 2017 - December 31, 2017				
POS PLAN	Total Monthly Premium	School Share	Employee Share	School Payroll Deduction
Employee + family	\$1,563.00	\$1,421.50	\$141.50	\$141.50

HIGH DEDUCTIBLE HEALTH SAVINGS PLAN	Total Monthly Premium	School Premium Share	School Employer H.S.A. Contribution	Employee Share	School Payroll Deduction
Employee + family	\$1,390.00	\$1,295.00	\$66.67	\$95.00	\$95.00

TWO EMPLOYEE /SPOUSE HEALTH PLAN- 2017				
HEALTH INSURANCE RATES - WITHOUT WELLNESS PHYSICAL =+\$25				
January 1, 2017 - December 31, 2017				
POS PLAN	Total Monthly Premium	School Share	Employee Share	Payroll Deduction
Employee + family	\$1,563.00	\$1,396.50	\$166.50	\$166.50

HIGH DEDUCTIBLE HEALTH SAVINGS PLAN	Total Monthly Premium	School Premium Share	School Employer H.S.A. Contribution	Employee Share	Payroll Deduction
Employee + family	\$1,390.00	\$1,270.00	\$66.67	\$120.00	\$120.00

**NOTE: TWO EMPLOYEE/SPOUSE PLAN FOR 2017: 50% DISCOUNT FAMILY PLAN
 HDHP - ONE EMPLOYEE MUST OWN THE PLAN. One H.S.A Employer Contribution**

STAUNTON CITY SCHOOLS -2017

HEALTH INSURANCE RATES

PART-TIME BUS DRIVERS AND BUS AIDES= 50% OF MONTHLY PREMIUM

January 1, 2017 - December 31, 2017

POS PLAN	Total Monthly Premium	School Share		Employee Share Monthly Deduction
Employee only	\$569.00	\$284.50		\$284.50
Employee + child	\$852.00	\$426.00		\$426.00
Employee + children	\$1,137.00	\$568.50		\$568.50
Employee + spouse	\$1,137.00	\$568.50		\$568.50
Employee + family	\$1,563.00	\$781.50		\$781.50
HIGH DEDUCTIBLE HEALTH SAVINGS PLAN				
	Total Monthly Premium	School Share	School Employer H.S.A. Contribution	Employee Share Monthly Deduction
			\$250 Employee \$400 Dependent Plan	
Employee only	\$506.00	\$253.00	\$20.84	\$253.00
Employee + child	\$758.00	\$379.00	\$33.34	\$379.00
Employee + children	\$1,011.00	\$505.50	\$33.34	\$505.50
Employee + spouse	\$1,011.00	\$505.50	\$33.34	\$505.50
Employee + family	\$1,390.00	\$695.00	\$33.34	\$695.00
DENTAL				
	Total Monthly Premium			Employee Share Monthly Deduction
LOW PLAN				
Employee only	\$23.32			\$23.32
Employee + one	\$46.62			\$46.62
Employee + family	\$78.74			\$78.74
HIGH PLAN				
Employee only	\$42.54			\$42.54
Employee + one	\$85.10			\$85.10
Employee + family	\$143.82			\$143.82

STAUNTON CITY SCHOOLS -2017

RETIREE HEALTH INSURANCE

HEALTH INSURANCE RATES - AETNA

January 1, 2017 - December 31, 2017

POS PLAN	Total Monthly Premium	SCHOOL SHARE		RETIREE SHARE	DIRECT DEBIT MONTHLY PAYMENT
Employee only	\$569.00	\$404.00		\$165.00	\$165.00
Employee + child	\$852.00	\$404.00		\$448.00	\$448.00
Employee + children	\$1,137.00	\$404.00		\$733.00	\$733.00
Employee + spouse	\$1,137.00	\$404.00		\$733.00	\$733.00
Employee + family	\$1,563.00	\$404.00		\$1,159.00	\$1,159.00
HIGH DEDUCTIBLE HEALTH SAVINGS PLAN	Total Monthly Premium	SCHOOL SHARE	SCHOOL EMPLOYER SHARE FOR H.S.A. CONTRIBUTION-\$500 EACH PLAN	RETIREE SHARE	DIRECT DEBIT MONTHLY PAYMENT
Employee only	\$506.00	\$375.00	\$41.67	\$131.00	\$131.00
Employee + child	\$758.00	\$375.00	\$41.67	\$383.00	\$383.00
Employee + children	\$1,011.00	\$375.00	\$41.67	\$636.00	\$636.00
Employee + spouse	\$1,011.00	\$375.00	\$41.67	\$636.00	\$636.00
Employee + family	\$1,390.00	\$375.00	\$41.67	\$1,015.00	\$1,015.00

POLICY GBQ-AR ADOPTED AND EFFECTIVE OCTOBER 6, 2014

RATES = EMPLOYEE SHARE PLUS \$120. VRS PROVIDES \$120/MONTH AS HEALTH INSURANCE CREDIT

SCHOOL BOARD SHARE DOES NOT EXCEED THE EMPLOYER SHARE OF THE EMPLOYEE ONLY PLAN

SCHOOL H.S.A. CONTRIBUTION EQUALS \$500 FOR ANY PLAN = TO THE EMPLOYEE ONLY PLAN