

Valparaiso Community Schools

Health & Vision Plan – Anthem

Coverage 18 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 6,924	\$ 577	\$ 461.50	\$115.40	\$ 76.93
Employee +1	\$13,848	\$1,154	\$ 923.20	\$230.80	\$153.87
Employee + 2 or more	\$18,828	\$1,569	\$1,255.20	\$313.80	\$209.20

Health & Vision Plan – Anthem

Coverage 24 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 6,924	\$ 577	\$ 461.50	\$115.40	\$ 57.70
Employee +1	\$13,848	\$1,154	\$ 923.20	\$230.80	\$115.40
Employee + 2 or more	\$18,828	\$1,569	\$1,255.20	\$313.80	\$156.90

Dental Plan – Delta Dental

Coverage 18 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 324	\$27	\$21.60	\$ 5.40	\$ 3.60
Employee +1	\$ 648	\$54	\$43.20	\$10.80	\$ 7.20
Employee + 2 or more	\$1,164	\$97	\$77.60	\$19.40	\$12.93

Dental Plan – Delta Dental

Coverage 24 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 324	\$27	\$21.60	\$ 5.40	\$ 2.70
Employee +1	\$ 648	\$54	\$43.20	\$10.80	\$ 5.40
Employee + 2 or more	\$1164	\$97	\$77.60	\$19.40	\$ 9.70

Long Term Disability – The Hartford

Basic Coverage	VCS Monthly Cost	Employee Cost
66 2/3% Monthly Salary 90-day Elimination (waiting) period	Monthly Salary / \$100 * \$0.35	\$1.00 / year

Term Life Insurance – The Hartford

Term Life and AD&D

Basic Coverage	VCS Monthly Cost	Employee Cost
1 * Annual Salary Min \$20,000 / Max \$50,000	Annual Base Salary / \$1,000 * \$0.13	\$1.00 / year

Supplemental Term Life

Basic Coverage	VCS Monthly Cost	Employee Cost
Individual Supplemental – up to \$150,000	N / A	Benefit Amount / \$1,000 * Rate Factor *12 months / # pays
Dependent Supplemental	N/A	Monthly 18 Ded 24 Ded
Option 1 - \$10,000 Spouse / \$5,000 Child		\$6.20 \$4.13 \$3.10
Option 2 - \$20,000 Spouse / \$5,000 Child		\$12.40 \$8.27 \$6.20

Health & Vision Minimum Value Plan

Coverage 18 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 5,916	\$ 493	\$ 393.25	\$99.75	\$ 66.50
Employee +1	\$11,832	\$986	\$ 393.25	\$592.75	\$395.16
Employee + 2 or more	\$16,080	\$1,340	\$393.25	\$946.75	\$631.16

Health & Vision Minimum Value Plan

Coverage 24 Deduction Employees	Full Annual Premium	Full Monthly Premium	VCS 80% - Monthly	Employee 20%- Monthly	Per Pay Amount
Employee	\$ 5,916	\$ 493	\$ 393.25	\$99.75	\$ 49.87
Employee +1	\$11,832	\$986	\$ 393.25	\$592.75	\$296.37
Employee + 2 or more	\$16,080	\$1,340	\$393.25	\$946.75	\$473.37