

HEALTH INSURANCE RATES: (7/1/19- 6/30/20)

PLAN COVERAGE	Monthly Rates	ALL 12 Month Employees Per Pay Period (24/yr.)	SCHOOLS 10 Month Employees ADDITIONAL HEALTH EXTRA DEDUCTION CODE AMOUNTS	COBRA MONTHLY RATES
HMO - HNE & BCBS				
#S03048-0011 #2322052				
EMPLOYEE'S SHARE - Family 23%	\$ 387.43	\$ 193.72	\$ 38.75	
EMPLOYER'S SHARE - Family 77%	\$ 1,297.05			
TOTAL RATE - Family	\$ 1,684.48			\$ 1,718.17
EMPLOYEE'S SHARE - Individual 23%	\$ 148.14	\$ 74.07	\$ 14.82	
EMPLOYER'S SHARE - Individual 77%	\$ 495.92			
TOTAL RATE - Individual	\$ 644.05			\$ 656.93
HMO: WISE MAX HIGH DEDUCTIBLE (HNE)				
#S03048-0021				
EMPLOYEE'S SHARE - Family 23%	\$ 293.61	\$ 146.81	\$ 29.37	
EMPLOYER'S SHARE - Family 77%	\$ 982.95			
TOTAL RATE - Family	\$ 1,276.55			\$ 1,302.08
EMPLOYEE'S SHARE - Individual 23%	\$ 114.55	\$ 57.28	\$ 11.46	
EMPLOYER'S SHARE - Individual 77%	\$ 383.47			
TOTAL RATE - Individual	\$ 498.01			\$ 507.97
PPO - HNE & BCBS				
#S03048-0001 #2299193				
EMPLOYEE'S SHARE - Family 35%	\$ 937.42	\$ 468.71	\$ 93.75	
EMPLOYER'S SHARE - Family 65%	\$ 1,740.92			
TOTAL RATE - Family	\$ 2,678.33			\$ 2,731.89
EMPLOYEE'S SHARE - Individual 35%	\$ 351.05	\$ 175.53	\$ 35.11	
EMPLOYER'S SHARE - Individual 65%	\$ 651.95			
TOTAL RATE - Family	\$ 1,002.99			\$ 1,023.05