HEALTH INSURANCE PREMIUMS EFFECTIVE JULY 1, 2019

		CEBT MEDICAL PPO 4		
Co-Pay $40/$1500 Deductible/Max $4000				
	EE ONLY	EE+SPSE	EE + CHILD	EE + FAMILY
Health	$512.00	$1,024.00	$948.00	$1,486.00
Life	$2.80	$2.80	$2.80	$2.80
Dental	$33.00	$71.00	$63.00	$108.00
Vision	$10.00	$14.00	$13.00	$24.00
	$557.80	$1,111.80	$1,026.80	$1,620.80

		CEBT MEDICAL PPO 7		
Co-Pay $55/$4000 Deductible/Max $4000				
	EE ONLY	EE+SPSE	EE + CHILD	EE + FAMILY
Health	$417.00	$833.00	$770.00	$1,207.00
Accident	$9.06	$20.19	$24.88	$32.33
Life	$2.80	$2.80	$2.80	$2.80
Dental	$33.00	$71.00	$63.00	$108.00
Vision	$10.00	$14.00	$13.00	$24.00
	$471.86	$940.99	$873.68	$1,374.13

PARAMETERS: HEALTH REIMBURSEMENT ACCOUNT

- PARTICIPATE IN PPO 7 HEALTH PLAN
- PARTICIPATE IN DISTRICT WELLNESS PLAN
- PARTICIPATE IN DISTRICT ANNUAL CHECKUP
- TELEDOC IF APPROPRIATE

Life Insurance = $20,000

.14 per $1,000

Over 65 less 40% of $20,000 = $12,000/1000 = 12 x .14 = $1.68/month

Over 70 less 65% of $20,000 = $7,000/1000 = 7 x .14 = $0.98/month

Over 75 less 75% of $20,000 = $5000/1000 = 5 x .14 = $0.70/month

CEBT MEDICAL (HRP)

Hospital ONLY - Must have Alt. Insurance

	EE ONLY
Health	$275.00
Life	$2.80
Dental	$33.00
Vision	$10.00
	$320.80

$480.00 per month - eligible full time

$240.00 per month - eligible half time