

**Aurora Public Schools Benefits**  
**Health, Dental and Vision Monthly Premium Rates Effective July 1, 2019 - June 30, 2020**

All medical, dental and/or vision premiums paid by employees will be deducted on a monthly basis.

The time frame for employees to enroll/change benefits is **no more than 30 calendar days** of an eligible event. Examples of eligible events: new hires, change in legal marital status, change in number of dependents, change in employment status, etc. You will need to provide required documentation of the eligible event if applicable. If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next open enrollment period. The open enrollment periods are in May.

The district pays a defined contribution of \$540.41 of the cost of the employee only premium for medical insurance for certificated employees and for full time (six [6] hours per day or more) classified/support employees. Medical insurance premiums for classified/support employees working fewer than six [6] hours but at least 4 will be pro-rated (see below).

**MEDICAL RATES**      **The employer contribution for ALL Kaiser Medical plans is \$540.41**

<b>KAISER- DHMO \$1,000</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$572.87	\$540.41	\$32.46	\$584.33
Employee + Spouse	\$1,260.32	\$540.41	\$719.91	\$1,285.53
Employee + Children	\$1,031.17	\$540.41	\$490.76	\$1,051.79
Employee + Family	\$1,604.04	\$540.41	\$1,063.63	\$1,636.12

<b>KAISER- DHMO \$2,500</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$520.00	\$540.41	-\$20.41	\$530.40
Employee + Spouse	\$1,144.00	\$540.41	\$603.59	\$1,166.88
Employee + Children	\$936.00	\$540.41	\$395.59	\$954.72
Employee + Family	\$1,456.00	\$540.41	\$915.59	\$1,485.12

<b>KAISER- HDHP HSA \$1,500</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$550.70	\$540.41	\$10.29	\$561.71
Employee + Spouse	\$1,211.53	\$540.41	\$671.12	\$1,235.76
Employee + Children	\$991.26	\$540.41	\$450.85	\$1,011.09
Employee + Family	\$1,541.95	\$540.41	\$1,001.54	\$1,572.79

<b>KAISER- HDHP HSA \$3,000</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$492.54	\$540.41	-\$47.87	\$502.39
Employee + Spouse	\$1,083.58	\$540.41	\$543.17	\$1,105.25
Employee + Children	\$886.57	\$540.41	\$346.16	\$904.30
Employee + Family	\$1,379.10	\$540.41	\$838.69	\$1,406.68

<b>KAISER- POS \$1,000</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	708.16	\$540.41	\$167.75	\$722.32
Employee + Spouse	\$1,557.96	\$540.41	\$1,017.55	\$1,589.12
Employee + Children	\$1,274.69	\$540.41	\$734.28	\$1,300.18
Employee + Family	\$1,982.86	\$540.41	\$1,442.45	\$2,022.52

**DENTAL RATES** The employer contribution for ALL Delta Dental plans is \$23.01

<b>Delta Dental- Base Plan</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$30.68	\$23.01	\$7.67	\$31.29
Employee + Spouse	\$63.47	\$23.01	\$40.46	\$64.74
Employee + Children	\$78.80	\$23.01	\$55.79	\$80.38
Employee + Family	\$105.55	\$23.01	\$82.54	\$107.66

<b>Delta Dental- Buy-up Plan</b>	<b>Premium Rate</b>	<b>District Pays</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$38.85	\$23.01	\$15.84	\$39.63
Employee + Spouse	\$80.35	\$23.01	\$57.34	\$81.96
Employee + Children	\$99.80	\$23.01	\$76.79	\$101.80
Employee + Family	\$133.66	\$23.01	\$110.65	\$136.33

**VISION RATES** There is no (0) employer contribution for EyeMed Vision plans.

<b>EyeMed Vision</b>	<b>Employee Pays</b>	<b>COBRA</b>
Employee Only	\$4.90	\$5.00
Employee + Spouse	\$9.29	\$9.48
Employee + Children	\$10.89	\$11.11
Employee + Family	\$15.32	\$15.63