



# QUESTION & ANSWER SHEET 2021/2022 INSURANCE SIGN-UPS



**1. WHICH ENROLLMENT FORMS MUST BE COMPLETED?**

All employees must complete:

- (1) Sect. 125 Flexible Spending Accounts Online Enrollment Form

To add or remove covered dependents: (3) Benefits Enrollment Form, and  
(4) Medical/Dental/Vision Enrollment Form

To add Vision Coverage for anyone on the Medical plan: Med/Dent/Vis Enrollment form

**2. WHEN ARE THE COMPLETED FORMS DUE?**

Please return the forms to the Benefits Office no later than Noon on Friday, June 11, 2021.

**3. WHAT IS THE MONTHLY DISTRICT CONTRIBUTION AMOUNT?**

Most eligible employees will receive \$703 for Medical and \$57 for Dental; part-time certified employees receive pro-rated amounts, all support staff working over 20 hours a week receive the full amount.

## PREMIUMS

This year, the premiums for the Medical and Dental plans will remain the same. For each eligible employee, the District will continue to pay the full single medical and dental premium on the \$1,000 deductible plan.

## RATES EFFECTIVE JULY 1, 2021

### TOTAL MONTHLY PREMIUM AMOUNTS – MEDICAL/DENTAL INSURANCE

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>760</u>	<u>1,216</u>	<u>1,269</u>	<u>1,478</u>
MED-\$1,000 ind/\$2,000 fam; No Dental	<u>703</u>	<u>1,176</u>	<u>1,216</u>	<u>1,407</u>

### EMPLOYEE COST (WITH DISTRICT CONTRIBUTION OF \$703 for Medical and \$57 for Dental)

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>0</u>	<u>456</u>	<u>509</u>	<u>718</u>
MED-\$1,000 ind/\$2,000 fam; No Dental	<u>0</u>	<u>416</u>	<u>456</u>	<u>647</u>