



QUESTION & ANSWER SHEET

2020/2021 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 5, 2020.

3. WHAT IS THE MONTHLY DISTRICT CONTRIBUTION AMOUNT?

Most eligible employees will receive \$760.00; 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 District will have a minimal .5% increase in the medical premium. The Dental Plan did not have an increase this year. For each eligible employee, the District will continue to pay the full single medical/dental premium on the \$1,000 deductible plan.

RATES EFFECTIVE JULY 1, 2020

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 Dep Dental	<u>703</u>	<u>1,176</u>	<u>1,216</u>	<u>1,407</u>

EMPLOYEE COST (WITH DISTRICT CONTRIBUTION OF \$760)

	MYSELF	MYSELF + 1	MYSELF + CHILDREN	MYSELF + FAMILY
MED-\$1,000 ind/\$2,000 fam; With Dental	<u>00</u>	<u>456</u>	<u>509</u>	<u>718</u>
MED-\$1,000 ind/\$2,000 fam; No Dep Dental		<u>416</u>	<u>456</u>	<u>647</u>