

HEALTH INSURANCE PREMIUMS EFFECTIVE JULY 1, 2021

CEBT MEDICAL PPO 4					CEBT MEDICAL PPO 7				
Co-Pay \$40/\$1500 Deductible/Max \$4000					Co-Pay \$55/\$4000 Deductible/Max \$4000				
EE ONLY	EE+SPSE	EE + CHILD	EE + FAMILY		EE ONLY	EE+SPSE	EE + CHILD	EE + FAMILY	
Health	\$530.00	\$1,060.00	\$981.00	\$1,538.00	Health	\$432.00	\$862.00	\$797.00	\$1,249.00
					Accident	\$9.06	\$20.19	\$24.88	\$32.33
Life	\$2.80	\$2.80	\$2.80	\$2.80	Life	\$2.80	\$2.80	\$2.80	\$2.80
Dental	\$33.00	\$71.00	\$63.00	\$108.00	Dental	\$33.00	\$71.00	\$63.00	\$108.00
Vision	\$10.00	\$14.00	\$13.00	\$24.00	Vision	\$10.00	\$14.00	\$13.00	\$24.00
	\$575.80	\$1,147.80	\$1,059.80	\$1,672.80		\$486.86	\$969.99	\$900.68	\$1,416.13
					CEBT MEDICAL (HRP)				
					Hospital ONLY - Must have Alt. Insurance				
PARAMETERS: HEALTH REIMBURSEMENT ACCOUNT									
					EE ONLY				
PARTICIPATE IN PPO 7 HEALTH PLAN					Health	\$275.00			
PARTICIPATE IN DISTRICT WELLNESS PLAN					Life	\$2.80			
PARTICIPATE IN DISTRICT ANNUAL CHECKUP					Dental	\$33.00			
TELEDOC IF APPROPRIATE					Vision	\$10.00			
						\$320.80			
Life Insurance = \$20,000					\$490.00 per month - eligible full time				
.14 per \$1,000					\$245.00 per month - eligible half time				
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									