



## RCCWA Premium Info: 2021-2022 Plan Year

### Premium Share for Health Benefits

#### What do I pay for my benefits?

**Full-Time Employees electing medical and prescription benefits** pay 7.25% of the medical premium.

**Full-Time Employees electing dental benefits** pay an additional amount for the employee/children and family coverage tiers. There is no additional cost for single, employee/spouse or employee/child dental benefits.\*

#### Monthly Premium Share for Full-Time Employees

Plan/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
Personal Choice C2F101, & CVS Caremark 5/15/35 Rx	\$46.61	\$113.77	\$87.77	\$99.66	\$125.67
Delta Dental	\$0	\$0	\$0	\$42.75	\$42.75

*Payroll Deductions for 12-month employees are withheld each pay period and generally do not equal ½ of your monthly premium share. Deduction amounts vary based on factors such as enrollment date, changes in coverage tier and termination of employment.*

*Payroll Deductions for 10-month employees are withheld each pay period from mid-September through the last pay in June for the plan year July 1 through June 30. In cases where employees elect benefits in excess of their net biweekly income, an additional deduction in the first pay of July and/or direct billing may occur. Deduction amounts vary based on factors such as enrollment date, changes in coverage tier and termination of employment.*

#### Buy-Out Option

The Buy-Out Option is an annual election. In order to receive the cash incentive, you must opt-out during each open enrollment period.

Employees choosing to eliminate participation in the district's medical, prescription and dental will receive a cash incentive of \$2,000 (prorated based on enrollment date) included in the last pay of May. In order to be eligible, proof of other coverage is required. Employees covered by a family member's district healthcare plan are not eligible for the cash incentive.

\*Employees who opt out may elect to purchase dental insurance at the COBRA rate (monthly premium + 2% administrative fee).

#### What is the monthly cost of my benefits?

Plan/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
PC C2F101	\$642.88	\$1569.29	\$1210.57	\$1374.63	\$1733.33
CVS Caremark Rx	\$181.79	\$284.89	\$284.89	\$427.51	\$427.51
Delta Dental	\$29.80	\$54.21	\$54.21	\$91.41	\$91.41

**If there are any changes in the status of your family during the plan year**, (i.e. marriage, divorce, birth, adoption, loss of other coverage if you are declining enrollment) it is your responsibility to notify the Benefits Coordinator. Changes must be made within 30 days of the date of the event or you must wait until the next open enrollment period.