



RESPA Premium Info: 2021-2022

Full-Time Level A (Paraprofessional Employees)

Premium Share for Health Benefits

How much do I pay for my benefits?

Medical Insurance: Personal Choice C2F101

Full-Time Level A employees pay a percentage of the monthly single premium based on eligibility date: 50% 1st full yr., 30% 2nd full yr., 15% 3rd full yr., 7% 4+ years. Payroll deductions will be adjusted when employees reach a crossover in eligibility year. Those electing coverage other than single also pay 100% of the difference between the single premium and the premium for the tier elected.

Prescription Insurance: CVS Caremark 5/15/35

100% of premium for tier elected

Dental Insurance: Delta Dental

100% of premium for tier elected*

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 who opt to eliminate participation in the district's group healthcare plans, including medical, dental and prescription coverage will receive a cash incentive of \$2,500 included in the last pay in May. The incentive amount is prorated based on enrollment date and eligibility year. Proof of other medical insurance coverage is required. This can be a copy of your medical insurance card bearing your name or a letter from the employer providing your medical coverage. To be eligible for the cash incentive you may not be covered by a family member's district health care plan.

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

Monthly Premium Share for Full-Time Level A (Paraprofessional Employees)

Plan/Year/Tier	Single	Employee/ Spouse	Employee/ Child	Employee/ Children	Family
C2F101 1 st Full Year	\$321.44	\$1247.85	\$889.13	\$1053.19	\$1411.89
C2F101 2 nd Full Year	\$192.86	\$1119.27	\$760.55	\$924.58	\$1283.31
C2F101 3 rd Full Year	\$96.43	\$1022.84	\$664.12	\$828.18	\$1186.88
C2F101 4+ Years	\$45.00	\$971.41	\$612.69	\$776.75	\$1135.45
CVS Caremark 5/15/35	\$181.79	\$284.89	\$284.89	\$427.51	\$427.51
Delta Dental	\$33.84	\$62.46	\$62.46	\$105.21	\$105.21

Payroll Deductions for Level A 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, eligibility year crossover, changes in coverage tier and termination of employment.

What is the full 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	\$33.84	\$62.46	\$62.46	\$105.21	\$105.21

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.