

# NURSE ASSOCIATION

2018-2019

## DISTRICT BENEFITS & EMPLOYEE PREMIUMS

If you are a full-time employee and elect to participate in the District health plan, the District will provide you with a credit of **\$400.00 per month (\$4,800 per year)**, which you may use to offset the cost of your health coverage. An employee electing more expensive coverage than the District contribution will pay the additional premium cost by payroll deduction.

### HEALTH INSURANCE PLAN

#### Open Access

		<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
<b>40 Co-Pay Plan</b>				
	Single	\$ 684.09	\$ 400.00	\$ 284.09
	Single + 1	\$ 1,368.18	\$ 400.00	\$ 968.18
	Family	\$ 1,699.10	\$ 400.00	\$ 1,299.10
<b>\$1,500 Deductible Plan</b>				
	Single	\$ 537.92	\$ 400.00	\$ 137.92
	Single + 1	\$ 1,075.84	\$ 400.00	\$ 675.84
	Family	\$ 1,336.06	\$ 400.00	\$ 936.06
<b>\$2,700 Deductible Plan</b>				
	Single	\$ 503.62	\$ 400.00	\$ 103.62
	Single + 1	\$ 1,007.24	\$ 400.00	\$ 607.24
	Family	\$ 1,250.87	\$ 400.00	\$ 850.87

#### Achieve Network

		<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
<b>\$40 Co-Pay Plan</b>				
	Single	\$ 649.19	\$ 400.00	\$ 249.19
	Single + 1	\$ 1,298.37	\$ 400.00	\$ 898.37
	Family	\$ 1,612.42	\$ 400.00	\$ 1,212.42
<b>\$1,500 Deductible Plan</b>				
	Single	\$ 510.48	\$ 400.00	\$ 110.48
	Single + 1	\$ 1,020.95	\$ 400.00	\$ 620.95
	Family	\$ 1,267.90	\$ 400.00	\$ 867.90
<b>\$2,700 Deductible Plan</b>				
	Single	\$ 477.93	\$ 400.00	\$ 77.93
	Single + 1	\$ 955.85	\$ 400.00	\$ 555.85
	Family	\$ 1,187.05	\$ 400.00	\$ 787.05

### DENTAL INSURANCE PLAN

If you are a full-time employee and elect to participate in the District dental plan, the District will provide you with a credit of **\$16.66 per month (\$200 per year)**, which you may use to offset the cost of your dental coverage. An employee electing more expensive coverage than the District contribution will pay the additional premium cost by payroll deduction.

	<u>Total Cost</u> <u>Per Month</u>	<u>District Pays</u> <u>Per Month</u>	<u>You Pay</u> <u>Per Month</u>
Single	\$ 38.24	\$ 16.66	\$ 21.58
Single + 1	\$ 76.47	\$ 16.66	\$ 59.81
Family	\$ 125.63	\$ 16.66	\$ 108.97

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2018-2019

## DISTRICT BENEFITS & EMPLOYEE PREMIUMS

### GROUP LIFE AND AD&D PLAN

Benefit Amount...	\$50,000
(Your Group Life premium is paid in full by the District.)	
AD&D (optional)	\$0.70 per month

### LONG TERM DISABILITY PLAN

<b>Base</b> Percentage of Income Insured...	50% of monthly base salary
<b>Buy-up</b> Percentage of Income Insured...	60% of monthly base salary

(Your Base premium is paid in full by the District.)

### RETIREMENT BENEFIT

#### Public Employees Retirement Association (PERA)

District Contribution .....	7.50%
Employee Contribution .....	6.50%

#### Deferred Comp (403b/457 account)

Annual District Match .....	(4-9 yrs)	\$ 400
	(10-19 yrs)	\$ 600
	(20+ yrs)	\$ 800
Employee Contribution .....		Per Employee Contribution