

Certificated Employees & Administrators

2021 EMPLOYEE BENEFIT CONTRIBUTIONS PER PAY

MEDICAL

21 Pay Plan	Select	Choice
Employee only	\$48.26	\$56.46
Employee plus Child	\$96.24	\$112.58
Employee plus Spouse (grandfathered rates)**	\$96.24	\$112.58
Employee plus Spouse*	\$269.43	\$285.78
Employee plus Children	\$142.01	\$166.13
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$142.01	\$166.13
Family (Employee plus Spouse and child(ren))*	\$397.53	\$421.65

26 Pay Plan	Select	Choice
Employee only	\$38.98	\$45.60
Employee plus Child	\$77.73	\$90.93
Employee plus Spouse (grandfathered rates)**	\$77.73	\$90.93
Employee plus Spouse*	\$217.62	\$230.82
Employee plus Children	\$114.70	\$134.18
Family (Employee plus Spouse and child(ren)) (grandfathered rates)**	\$114.70	\$134.18
Family (Employee plus Spouse and child(ren))*	\$321.08	\$340.56

* CEA bargaining unit members or Administrators who add their Spouse after May 31, 2009 will pay a higher rate contribution to include their spouse for Health Coverage.
 **CEA bargaining unit members or Administrators as of May 31, 2009, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. * CEA bargaining unit members or Administrators as of May 31, 2009, who have continuously covered their spouse on their health coverage since May 31, 2009, shall be allowed to continue Spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee only	\$3.87	\$3.12
Family	\$3.87	\$3.12

VISION BUY-UP

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2 or more	\$8.95	\$7.23

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.17	\$3.37

The Base Vision plan is paid 100% by the District.