

# Classified PSE Members

Insurance Rates Effective 11/01/2018

<b>Dental Plan</b>		
WEA Select Plan C, No Ortho	\$	80.07
<b>Vision Plan</b>		
WEA Select Vision Plan C	\$	30.80

<b>Medical Plans</b>		
Plan	Deductible (Indiv.)	Premium/mo.
<b>Premera Plan 5</b> \$200 Deductible		
Emp Only	\$	1,102.72
Emp/Spouse		2,119.46
Emp/Spouse/Children		2,553.36
Emp/Children		1,504.76
<b>Premera Plan 2</b> \$300 Deductible		
Emp Only	\$	953.30
Emp/Spouse		1,745.25
Emp/Spouse/Children		2,092.41
Emp/Children		1,272.95
<b>Premera Plan 3</b> \$500 Deductible		
Emp Only	\$	871.54
Emp/Spouse		1,595.73
Emp/Spouse/Children		1,913.34
Emp/Children		1,163.87
<b>Premera Easy Choice A</b> \$1250 Deductible		
Emp Only	\$	641.72
Emp/Spouse		1,166.23
Emp/Spouse/Children		1,397.46
Emp/Children		851.55
<b>Premera Easy Choice B</b> \$750 Deductible		
Emp Only	\$	641.72
Emp/Spouse		1,166.23
Emp/Spouse/Children		1,397.46
Emp/Children		851.55
<b>Premera Basic Plan</b> \$2100 Deductible		
Emp Only	\$	517.99
Emp/Spouse		940.54
Emp/Spouse/Children		1,126.83
Emp/Children		687.02
<b>Premera QHDHP</b> \$1750 Deductible		
Emp Only	\$	502.66
Emp/Spouse		912.60
Emp/Spouse/Children		1,078.34
Emp/Children		666.67
<b>Kaiser HMO Plan 3</b> \$250 Deductible		
Emp Only	\$	752.50
Emp/Spouse		1,459.85
Emp/Spouse/Children		1,760.86
Emp/Children		1,053.51
<b>Kaiser HMO Plan 4</b> \$750 Deductible		
Emp Only	\$	529.32
Emp/Spouse		1,026.87
Emp/Spouse/Children		1,238.61
Emp/Children		741.06

<b>Monthly Out-of-Pocket Calculation (Classified)</b>	
\$ 974.49	Estimated Pooled* Dollars for <b>&lt;Generic Employee&gt;</b> 8.00 Hrs/Day 189 Days/position**
(110.87)	Minus Dental and Vision (Required for All Employees)
<b>\$ 863.62</b>	<b>Dollars Available for for Medical Insurance</b>
	Minus Desired Medical Rate
<b>\$ 863.62</b>	<b>Estimated Monthly Out-of-Pocket Starting 10/31/18</b>
	** Calc uses 189 days except Preschool

**Estimated Monthly Employer Contribution for Part-Time Employees:**

Take your positions annual hours (hours per day times paid days per year – including holidays), divide them by 1440, and multiply them by \$974.49.

**Note: If your position's annual hours are 1440 or more (full-time or you work at least 7.6 hours per day) , \$974.49 is the estimate of your monthly employer contribution towards health insurance.**

Classified employees working only on school days are paid for 189 days total (180 work days and 9 holidays).

Example: Here is the calculation for a typical six hour a day parapro:

6 hrs/day X 189 days / 1440 X \$974.49 = \$\_\_\_\_\_ (Estimated

The State allocation for benefits is \$843.97/mo. per 1.0000 FTE. The benefit after pooling is \$974.49/mo.

\* All employees' unused benefit dollars go into a pool. This pool is then reallocated to all employees with payroll deductions for basic benefits which may increase the available District benefit amount and decrease employee insurance deductions. The amount available from the pool is calculated annually in October.

Dental or Vision insurance changes must be made at the U-Point "Your Benefits Resources" website at <http://digital.alight.com/wea/> or through WEA's Help Line at 800-622-3393.

Medical insurance changes for Premera Blue Cross and Kaiser Permanente are made by submitting an enrollment form to the Human Resources Department.