

Newport News Public Schools

Insurance Premium Information - Plan Year: October 1, 2008 - September 30, 2009 (10 month rates)

Health Insurance:

HMO - Value Plan

<u>Healthkeepers Product 25/30/500</u> <u>Health Maintenance Organization</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Pays</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$422.30	\$401.90	\$20.40	\$10.20	\$221.35	N/A
Employee + 1 Child	\$581.91	\$454.41	\$127.50	\$63.75	\$354.71	N/A
Employee + Children	\$690.78	\$481.59	\$209.19	\$104.60	\$449.99	N/A
Employee + Spouse	\$779.25	\$534.45	\$244.80	\$122.40	\$512.02	\$20.40
Employee + Family	\$936.31	\$597.67	\$338.64	\$169.32	\$637.48	\$20.40

HMO - Standard

<u>Healthkeepers Product 15</u> <u>Health Maintenance Organization</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Pays</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$491.84	\$447.65	\$44.19	\$22.10	\$268.02	N/A
Employee + 1 Child	\$678.03	\$509.46	\$168.57	\$84.29	\$423.30	N/A
Employee + Children	\$805.68	\$561.69	\$243.99	\$121.99	\$524.83	N/A
Employee + Spouse	\$907.61	\$585.68	\$321.93	\$160.96	\$614.77	\$20.40
Employee + Family	\$1,090.37	\$646.37	\$444.00	\$222.00	\$767.19	\$20.40

PPO

<u>Anthem KeyCare 300 Plan</u> <u>Preferred Provider Organization</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Pays</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$514.05	\$463.07	\$50.98	\$25.49	\$282.51	N/A
Employee + 1 Child	\$708.77	\$530.83	\$177.94	\$88.97	\$443.35	N/A
Employee + Children	\$842.32	\$587.23	\$255.09	\$127.54	\$548.70	N/A
Employee + Spouse	\$948.90	\$614.39	\$334.51	\$167.26	\$641.71	\$20.40
Employee + Family	\$1,140.09	\$680.92	\$459.17	\$229.59	\$799.63	\$20.40

POS

<u>Anthem KeyCare 20 POS Plan</u> <u>Preferred Provider Organization</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Pays</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$593.87	\$462.00	\$131.87	\$65.94	\$362.87	N/A
Employee + 1 Child	\$824.92	\$529.73	\$295.19	\$147.60	\$560.06	N/A
Employee + Children	\$973.60	\$572.66	\$400.94	\$200.47	\$687.27	N/A
Employee + Spouse	\$1,109.48	\$612.88	\$496.60	\$248.30	\$803.04	\$48.95
Employee + Family	\$1,336.03	\$679.07	\$656.96	\$328.48	\$996.49	\$206.17

Dental Insurance:

Delta PPO

<u>Delta Dental</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Subsidy</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$38.42	\$5.00	\$33.42	\$16.71	\$35.92	N/A
Employee + Child	\$67.46	\$5.00	\$62.46	\$31.23	\$64.96	N/A
Employee + Spouse	\$67.46	\$5.00	\$62.46	\$31.23	\$64.96	\$57.46
Employee + Family	\$96.40	\$5.00	\$91.40	\$45.70	\$93.90	\$86.40

DeltaCare (DMO)

<u>Delta Dental</u>	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>School</u> <u>Board</u> <u>Subsidy</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Half-Time</u> <u>Employee</u> <u>Pays</u>	<u>Monthly</u> <u>Dual Spouse</u> <u>Employees</u>
Employee Only	\$23.92	\$5.00	\$18.92	\$9.46	\$21.42	N/A
Employee + Child	\$40.64	\$5.00	\$35.64	\$17.82	\$38.14	N/A
Employee + Spouse	\$40.64	\$5.00	\$35.64	\$17.82	\$38.14	\$30.64
Employee + Family	\$59.42	\$5.00	\$54.42	\$27.21	\$56.92	\$49.42

Vision Insurance:

Vision Service Plan

	<u>Total</u> <u>Monthly</u> <u>Premium</u>	<u>Monthly</u> <u>Employee</u> <u>Pays</u>	<u>Bi-Weekly</u> <u>Employee</u> <u>Pays</u>	<u>Employee must remain</u> <u>in the plan for 24 months.</u>
Employee Only	\$6.81	\$6.81	\$3.41	
Employee + Child	\$9.47	\$9.47	\$4.74	
Employee + Spouse	\$12.67	\$12.67	\$6.34	
Employee + Family	\$15.26	\$15.26	\$7.63	

These premium rates and benefits will begin on October 1, 2008 and continue through September 30, 2009. Premiums are collected September through June and prorated over 10 months for 12 months of coverage.