

**KAIROS
19-20 PREMIUM PAYMENTS**



DISTRICT PAID		Co-Pay Plan			
	PREMIUM PER MONTH	DISTRICT EMPLOYEE ALLOWANCE	EMPLOYEE COST PER MONTH	EMPLOYEE ANNUAL AMT	EMPLOYEE AMT PER PAY PERIOD
EMPLOYEE	\$ 560.00	\$ 560.00	\$ -	\$ -	\$ -
EE + SPOUSE	\$ 1,166.00	\$ 560.00	\$ 606.00	\$ 7,272.00	\$ 363.60
EE + CHILD(REN)	\$ 1,055.00	\$ 560.00	\$ 495.00	\$ 5,940.00	\$ 297.00
EE + FAMILY	\$ 1,661.00	\$ 560.00	\$ 1,101.00	\$ 13,212.00	\$ 660.60

DISTRICT PAID		High Deductible PLAN \$1,500			
	PREMIUM PER MONTH	DISTRICT EMPLOYEE ALLOWANCE	EMPLOYEE COST PER MONTH	EMPLOYEE ANNUAL AMT	EMPLOYEE AMT PER PAY PERIOD
EMPLOYEE*	\$ 458.00	\$ 458.00		\$ 5,496.00	\$ -
EE + SPOUSE	\$ 951.00	\$ 458.00	\$ 493.00	\$ 5,916.00	\$ 295.80
EE + CHILD(REN)	\$ 861.00	\$ 458.00	\$ 403.00	\$ 4,836.00	\$ 241.80
EE + FAMILY	\$ 1,356.00	\$ 458.00	\$ 898.00	\$ 10,776.00	\$ 538.80

DISTRICT PAID with HDHP - *Health Savings Account					
DISTRICT CONTRIBUTION	CONTRIBUTION PER MONTH			DISTRICT ANNUAL AMOUNT	DISTRICT CONTRIBUTION
EMPLOYEE*	\$ 62.50			\$ 750.00	\$ 37.50

DISTRICT PAID		Dental			
	PREMIUM PER MONTH	DISTRICT EMPLOYEE ALLOWANCE	EMPLOYEE COST PER MONTH	EMPLOYEE ANNUAL AMT	EMPLOYEE AMT PER PAY PERIOD
EMPLOYEE	\$ 39.00	\$ 39.00	\$ -		\$ -
EE + SPOUSE	\$ 79.00	\$ 39.00	\$ 40.00	\$ 480.00	\$ 24.00
EE + CHILD(REN)	\$ 65.00	\$ 39.00	\$ 26.00	\$ 312.00	\$ 15.60
EE + FAMILY	\$ 101.00	\$ 39.00	\$ 62.00	\$ 744.00	\$ 37.20

DISTRICT PAID		Vision			
	PREMIUM PER MONTH	DISTRICT EMPLOYEE ALLOWANCE	EMPLOYEE COST PER MONTH	EMPLOYEE ANNUAL AMT	EMPLOYEE AMT 20 PAYS
EMPLOYEE	\$ 7.58	\$ 7.58	\$ -	\$ -	\$ -
EE + SPOUSE	\$ 15.16	\$ 7.58	\$ 7.58	\$ 90.96	\$ 4.55
EE + CHILD(REN)	\$ 16.22	\$ 7.58	\$ 8.64	\$ 103.68	\$ 5.18
EE + FAMILY	\$ 25.92	\$ 7.58	\$ 18.34	\$ 220.08	\$ 11.00

BUY-UP PLAN		Core Plan			
	PREMIUM PER MONTH	DISTRICT EMPLOYEE ALLOWANCE	EMPLOYEE COST PER MONTH	EMPLOYEE ANNUAL AMT	EMPLOYEE AMT 20 PAYS
EMPLOYEE	\$ 580.00	\$ 560.00	\$ 20.00	\$ 240.00	\$ 12.00
EE + SPOUSE	\$ 1,209.00	\$ 560.00	\$ 649.00	\$ 7,788.00	\$ 389.40
EE + CHILD(REN)	\$ 1,094.00	\$ 560.00	\$ 534.00	\$ 6,408.00	\$ 320.40
EE + FAMILY	\$ 1,722.00	\$ 560.00	\$ 1,162.00	\$ 13,944.00	\$ 697.20

*District contribution to the Health Savings Account will be \$750 in the 2019-2020 School Year.

*The contribution for subsequent years will be dependent upon available funding and insurance premium increases.