

KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.
Insurance Rates Effective December 2018 for coverage on January 1, 2019
(2% increase)

CERTIFICATED EMPLOYEES

(Board pays 85%)

Employee's # of hours	Board Share%	Single Board Share			Employee Share	Biweekly payroll deduction	Family Board Share			Employee Share	Biweekly payroll deduction
		Board Share	Biweekly Board Share	Biweekly payroll deduction			Board Share	Biweekly Board Share	Biweekly payroll deduction		
TOTAL COST											
6 hours (full-time)	100.00%	\$672.54	285.83	100.88	50.44	1481.74	740.87	261.48	130.74		
5.9	84.3%	481.90	240.95	190.64	95.32	1249.10	624.55	494.12	247.06		
5.6	80.0%	457.32	228.66	215.22	107.61	1185.40	592.70	557.82	278.91		
5.5	78.6%	449.32	224.66	223.22	111.61	1164.64	582.32	578.58	289.29		
5	71.4%	408.16	204.08	264.38	132.19	1057.96	528.98	685.26	342.63		
4.67	66.7%	381.30	190.65	291.24	145.62	988.32	494.16	754.90	377.45		
4.2	60.0%	343.00	171.50	329.54	164.77	889.04	444.52	854.18	427.09		
4	57.1%	326.42	163.21	346.12	173.06	846.08	423.04	897.14	448.57		
3.5	50.0%	285.84	142.92	386.70	193.35	740.88	370.44	1002.34	501.17		
3	42.9%	245.24	122.62	427.30	213.65	635.68	317.84	1107.54	553.77		
2.8	40.0%	228.66	114.33	443.88	221.94	592.70	296.35	1150.52	575.26		
2.33	33.3%	190.36	95.18	482.18	241.09	493.42	246.71	1249.80	624.90		
2	28.6%	163.48	81.74	509.06	254.53	423.78	211.89	1319.44	659.72		
COBRA HEALTH										1778.08	

DELTA Dental Plan

Insurance Rates Effective December 2018 for coverage on January 1, 2019
(2% increase)

(Board pays 85%)

Employee's # of hours	Board Share%	Single Board Share			Employee Share	Biweekly payroll deduction	Family Board Share			Employee Share	Biweekly payroll deduction
		Board Share	Biweekly Board Share	Biweekly payroll deduction			Board Share	Biweekly Board Share	Biweekly payroll deduction		
TOTAL COST											
7 hours (full-time)	100.00%	\$41.02	17.44	6.14	3.07	104.06	52.03	18.36	9.18		
6.5	92.9%	34.88	16.20	8.62	4.31	96.66	48.33	25.76	12.88		
6	85.7%	29.88	14.94	11.14	5.57	89.18	44.59	33.24	16.62		
5.9	84.0%	29.30	14.65	11.72	5.86	87.42	43.71	35.00	17.50		
5.6	80.0%	27.90	13.95	13.12	6.56	83.24	41.62	39.18	19.59		
5.5	78.6%	27.42	13.71	13.60	6.80	81.80	40.90	40.62	20.31		
5	71.4%	24.90	12.45	16.12	8.06	74.30	37.15	48.12	24.06		
4.67	66.7%	23.26	11.63	17.76	8.88	69.42	34.71	53.00	26.50		
4.2	60.0%	20.94	10.47	20.08	10.04	62.44	31.22	59.98	29.99		
4	57.1%	19.92	9.96	21.10	10.55	59.42	29.71	63.00	31.50		
3.5	50.0%	17.44	8.72	23.58	11.79	52.04	26.02	70.38	35.19		
3	42.9%	14.96	7.48	26.06	13.03	44.64	22.32	77.78	38.89		
2.8	40.0%	13.96	6.98	27.06	13.53	41.62	20.81	80.80	40.40		
2.33	33.3%	11.62	5.81	29.40	14.70	34.66	17.33	87.76	43.88		
2	28.6%	9.98	4.99	31.04	15.52	29.76	14.88	92.66	46.33		
COBRA DENTAL										124.87	

