

KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.
Insurance Rates Effective December 6, 2019 for coverage on January 1, 2020
(12% increase)

CERTIFICATED EMPLOYEES
ADMINISTRATORS AND SUPPORT ADM
(Board pays 85%)

Employee's # of hours	Board Share%	Single			Employee Share	Biweekly payroll deduction	Family			
		Board Share	Biweekly Board Share	Board Share			Biweekly Board Share	Employee Share	Biweekly payroll deduction	
TOTAL COST		\$753.24					\$1,952.40			
6 hrs (full-time)	100.00%	640.26	320.13	112.98	56.49		\$1,659.54	829.77	292.86	146.43
5.9	84.3%	539.74	269.87	213.50	106.75		1399.00	699.50	553.40	276.70
5.6	80.0%	512.22	256.11	241.02	120.51		1327.64	663.82	624.76	312.38
5.5	78.6%	503.24	251.62	250.00	125.00		1304.40	652.20	648.00	324.00
5	71.4%	457.16	228.58	296.08	148.04		1184.92	592.46	767.48	383.74
4.67	66.7%	427.06	213.53	326.18	163.09		1106.92	553.46	845.48	422.74
4.2	60.0%	384.16	192.08	369.08	184.54		995.72	497.86	956.68	478.34
4	57.1%	365.60	182.80	387.64	193.82		947.60	473.80	1004.80	502.40
3.5	50.0%	320.14	160.07	433.10	216.55		829.78	414.89	1122.62	561.31
3	42.9%	274.68	137.34	478.56	239.28		711.94	355.97	1240.46	620.23
2.8	40.0%	256.10	128.05	497.14	248.57		663.82	331.91	1288.58	644.29
2.33	33.3%	213.22	106.61	540.02	270.01		552.64	276.32	1399.76	699.88
2	28.6%	183.12	91.56	570.12	285.06		474.64	237.32	1477.76	738.88
COBRA HEALTH				768.31					1991.45	

(EPC) DELTA Dental Plan
Insurance Rates Effective December 6, 2019 for coverage on January 1, 2020
(0% increase)

Employee's # of hours	Board Share%	Single			Employee Share	Biweekly payroll deduction	Family			
		Board Share	Biweekly Board Share	Board Share			Biweekly Board Share	Employee Share	Biweekly payroll deduction	
TOTAL COST		\$41.02					\$122.42			
6 hrs (full-time)	100.00%	34.88	17.44	6.14	3.07		104.06	52.03	18.36	9.18
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				41.38					124.87	

