

Bethalto Community Unit School District #8
Health, Vision, & Dental Rates 2021-2022

Health Insurance - BCBS

BCBS Buy Up Plan

Plans	Monthly Total	Employee Per Month Cost	Annual Employee Cost	12-Month Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	9-Month Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 556.59	\$ 83.49	\$ 1,001.88	\$ 41.75	\$ 55.66
EE + Spouse	\$ 1,075.88	\$ 502.78	\$ 6,033.36	\$ 251.39	\$ 335.19
EE + Child(ren)	\$ 1,032.47	\$ 459.37	\$ 5,512.44	\$ 229.69	\$ 306.25
Family	\$ 1,597.40	\$ 924.30	\$ 11,091.60	\$ 462.15	\$ 616.20

BCBS Base Plan

Plans	Monthly Total	Employee Per Month Cost	Annual Employee Cost	12-Month Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	9-Month Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 518.30	\$ 45.20	\$ 542.40	\$ 22.60	\$ 30.14
EE + Spouse	\$ 1,001.87	\$ 428.77	\$ 5,145.24	\$ 214.39	\$ 285.85
EE + Child(ren)	\$ 961.44	\$ 388.34	\$ 4,660.08	\$ 194.17	\$ 258.90
Family	\$ 1,487.52	\$ 814.42	\$ 9,773.04	\$ 407.21	\$ 542.95

Vision Insurance - AETNA

Plans	Employee Per Month Cost	Annual Employee Cost	12-Month Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	9-Month Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 6.46	\$ 77.52	\$ 3.23	\$ 4.31
EE + Spouse	\$ 12.27	\$ 147.24	\$ 6.14	\$ 8.18
EE + Child(ren)	\$ 12.91	\$ 154.92	\$ 6.46	\$ 8.61
Family	\$ 18.98	\$ 227.76	\$ 9.49	\$ 12.66

Dental Insurance - AETNA

Pre-Paid (DHMO) Option 1 Plan

Plans	Employee Per Month Cost	Annual Employee Cost	12-Month	9-Month
			Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 20.38	\$ 244.56	\$ 10.19	\$ 13.59
EE + Spouse	\$ 38.92	\$ 467.04	\$ 19.46	\$ 25.95
EE + Child(ren)	\$ 42.87	\$ 514.44	\$ 21.44	\$ 28.58
Family	\$ 61.40	\$ 736.80	\$ 30.70	\$ 40.94

PPO Option 2 Plan (LOW)

Plans	Employee Per Month Cost	Annual Employee Cost	12-Month	9-Month
			Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 25.32	\$ 303.84	\$ 12.66	\$ 16.88
EE + Spouse	\$ 52.59	\$ 631.08	\$ 26.30	\$ 35.06
EE + Child(ren)	\$ 72.39	\$ 868.68	\$ 36.20	\$ 48.26
Family	\$ 98.56	\$ 1,182.72	\$ 49.28	\$ 65.71

PPO Option 3 Plan (HIGH)

Plans	Employee Per Month Cost	Annual Employee Cost	12-Month	9-Month
			Non-Certified/Certified Per Pay Rate (Paid Twice a Month)	Non-Certified Per Pay Rate (Paid 18 Pays Per Year)
EE	\$ 35.43	\$ 425.16	\$ 17.72	\$ 23.62
EE + Spouse	\$ 67.55	\$ 810.60	\$ 33.78	\$ 45.04
EE + Child(ren)	\$ 83.45	\$ 1,001.40	\$ 41.73	\$ 55.64
Family	\$ 117.56	\$ 1,410.72	\$ 58.78	\$ 78.38

Life Insurance - Hartford

\$50,000 Employer Paid Life Insurance for all Employees who **do not** have Health Insurance.

\$10,000 Employer Paid Life Insurance for all Employees who **do** have Health Insurance.