

**LITCHFIELD SCHOOL DISTRICT  
EMPLOYEE INSURANCE RATES 2011 - 2012**

Plan Year - July 1, 2011 through June 30, 2012

**MEDICAL**

<b>MATTHEW THORNTON BLUE (HMO)</b>		Single Tier Plan		
<b>GROUP # 340010-096</b>				
RX 10-20-45	2020	2021	2022	
	<b>SINGLE</b>	<b>TWO PERSON</b>	<b>FAMILY</b>	
Monthly (100%)	\$617.29	\$1,234.59	\$1,666.69	
85.0%	\$524.70	\$1,049.40	\$1,416.69	
15.0%	\$92.59	\$185.19	\$250.00	
District cost/24 pays	\$262.35	\$524.70	\$708.35	
<b>Employee cost/24 pays</b>	<b>\$46.30</b>	<b>\$92.59</b>	<b>\$125.00</b>	

**COBRA Rates 11-12**

<b>HMO</b>	<b>102%</b>
Single	\$629.64
2-Person	\$1,259.28
Family	\$1,700.02

<b>ANTHEM BLUE CHOICE (POS)</b>		Two Tier Plan		
<b>GROUP # 340010-095</b>				
RX 10-20-45	2023	2024	2025	
	<b>SINGLE</b>	<b>TWO PERSON</b>	<b>FAMILY</b>	
Monthly (100%)	\$655.44	\$1,310.88	\$1,769.69	
85.0%	\$557.12	\$1,114.25	\$1,504.24	
15.0%	\$98.32	\$196.63	\$265.45	
District cost/24 pays	\$278.56	\$557.12	\$752.12	
<b>Employee cost/24 pays</b>	<b>\$49.16</b>	<b>\$98.32</b>	<b>\$132.73</b>	

**COBRA Rates 11-12**

<b>POS</b>	<b>102%</b>
Single	\$668.55
2-Person	\$1,337.10
Family	\$1,805.08

**DENTAL**

<b>NORTHEAST DELTA DENTAL</b>		Option 1A		
<b>GROUP # 3116-5008</b>				
	2520	2521	2522	
	<b>SINGLE</b>	<b>TWO PERSON</b>	<b>FAMILY</b>	
Monthly (100%)	\$45.14	\$89.82	\$159.16	
80.0%	\$36.11	\$71.86	\$127.33	
20.0%	FREE	\$17.96	\$31.83	
District cost/24 pays	\$22.57	\$35.93	\$63.66	
<b>Employee cost/24 pays</b>	<b>\$0.00</b>	<b>\$8.98</b>	<b>\$15.92</b>	

**COBRA Rates 11-12**

<b>Dental</b>	<b>102%</b>
Single	\$46.04
2-Person	\$91.62
Family	\$162.34

Additional Insurance Benefits for Full-Time, benefit-eligible employees

Life Insurance: \$50,000 policy, 100% paid by District

Accidental Death & Dismemberment: \$50,000 policy, 100% paid by District

Long Term Disability (LTD): 1 times contracted salary, 100% paid by District

Please direct questions to: Deb Mahoney, SPHR, 578-3570 x3331 or dmahoney@litchfieldsd.org