4.10(1)

Taylor County School District

Memo

To:

Alicia Beshears, Superintendent

From:

Shanna Dodimead, Benefits Coordinator

Date:

06/17/2024

Re:

Insurance Rates

The Insurance Committee met and approved a rate increase of 3% to the medical premiums. The Board contribution will remain \$4,550 per employee annually.

Please submit the attached insurance rate sheets to the School Board for approval.

APPROVED

JUN 25 2024

By Taylor County School Board

ACTIVE EMPLOYEE PI	DYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS Plan #05770 Board Total Cost of Change to Employ								
Employee Health Insurance		N	New Rates		Board Contribution		Program	Change to Employee Cost	
10-108 Employee	Plan C	\$	412.90	\$	455.00	\$	867.90	\$	12.03
0-109 Employee/Spouse	Plan C-1	\$	1,209.86	\$	455.00	\$	1,664.86	\$	35.24
-110-Employee Child(ren)	Pan C-2	\$	1,062.35	\$	455.00	\$	1,517.35	\$	30.94
-111-Employee/Family	Plan C-3	\$	1,546.35	\$	455.00	\$	2,001.35	\$	45.04
7-111-Employee/1 unity	Tiun C 5	+	1,5 10.55		Board		otal Cost of		e to Employee
mployee Dental Insurance			lew Rates	l	tribution	1000	Program		Cost
0-101 Employee	Plan A-1	\$	41.18		and the second s	\$	41.18	N	No Change
0-102- Employee/Spouse	Plan A-2	\$	80.10			\$	80.10		lo Change
0-103-Employee Child(ren)	Plan A-3	\$	93.26			\$	93.26		No Change
0-104-Employee/Family	Plan A-4	\$	131.03			\$	131.03	N	No Change
and a management of the same of					Board		otal Cost of	Chang	ge in Employee
Employee Vision Insurance		_	lew Rates	contribution		Program		Cost	
07-001- Employee		\$	6.94			\$	6.94		No Change
07-002- Family		\$	22.72			\$	22.72		No Change
07-003- Employee Plan A				\$	6.94	\$	6.94		No Change
7-004 -Employee Family		\$	15.78	\$	6.94	\$	22.72	N	No Change
	TIREE PRE	AIUN	1S COLLEG	CTE	D OVER	12 N	IONTHS		
INDER 65 RETIREE Rates NON-									
Medicare/ HEALTH		_	New Rates						to Reitree Cost
Employee only		\$	734.63					\$	21.40
mployee/Spouse		\$	1,398.76					\$	40.74
mployee/Child(ren)		\$	1,275.84					\$	37.16
mployee/Family		\$	1,679.17					\$	48.91
Pental Insurance	T	\$	34.31						Jo Changa
Employee only		\$	66.75	_		-		No Change No Change	
Epmployee/Spouse Employee/Child(ren)		\$	77.71					No Change No Change	
Employee/Child(ren) Employee Family		\$	109.19	-		-		No Change	
imployee railing		Φ	109.19					1	vo Change
/ision Insurance									
Employee only		\$	5.78					N	No Change
Employee Family		\$	18.94						No Change
		OV	ER 65/MEI	DIC	ARE				
Employee only HEALTH		\$	734.63		900 STEEL			\$	21.40
Employee/Spouse		\$	1,398.76					\$	40.74
		4	-,						- neg/f/0/(f)
Dental Insurance									
Employee only		\$	34.31					1	No Change
Epmployee/Spouse		\$	66.75						No Change
			was and in Consulting						
Vision Insurance				1				1	
Vision Insurance Employee only		\$	5.78					N	No Change

TCSB Active and Retired Monthly Insurance Premiums 2024-2025

High Deductible Plan \$2,000 50/50 payout Plan # 5901 **

	YEE PREMI	UMS	COLLECT	D U	VERTUM	ON	THS COVERAGE 12 MO	NTHS	
		l constant		Board				Change to Employee	
Employee Health Insurance		N	ew Rates	Cor	ntribution		Total Cost of Program		Cost
0-208 Employee	Plan C	\$	185.38	\$	455.00	\$	640.38	\$	5.40
0-209 Employee/Spouse	Plan C-1	\$	909.02	\$	455.00	\$	1,364.02	\$	26.48
0-210-Employee Child(ren)	Pan C-2	\$	788.05	\$	455.00	\$	1,243.05	\$	22.95
0-211-Employee/Family	Plan C-3	\$	1,184.79	\$	455.00	\$	1,639.79	\$	34.51
mployee Dental Insurance		N			to Employee Cost				
0-101 Employee	Plan A-1	\$	41.18		COLUMN TO THE STATE OF THE STAT	\$	41.18	N	o Change
0-102- Employee/Spouse	Plan A-2	\$	80.10			\$	80.10		o Change
0-103-Employee Child(ren)	Plan A-3	\$	93.26			\$	93.26		o Change
0-104-Employee/Family	Plan A-4	\$	131.03			\$	131.03		o Change
mployee Vision Insurance			lew Rates	cor	Board ntribution	11-11-11	Total Cost of Program	Change in Employee Cost	
77-001- Employee		\$	6.94			\$	6.94	N	o Change
7-002- Family		\$	22.72			\$	22.72		o Change
7-003- Employee Plan A				\$	6.94	\$	6.94		o Change
7-004- Employee Family		\$	15.78	\$	6.94	\$	22.72		o Change
	PREMIUMS								
JNDER 65 RETIREE Rates NON-						1000			
Nedicare/ HEALTH		N	lew Rates				a)	Change	to Reitree Cost
mployee only		\$	545.02			\$	545.02	\$	15.87
mployee/Spouse		\$	1,148.06			\$	1,148.06	\$	33.44
mployee/Child(ren)		\$	1,047.25			\$	1,047.25	\$	30.50
mployee/Family		\$	1,377.86			\$	1,377.86	\$	40.13
ental Insurance									
mployee only	1	\$	34.31			\$	34.31	N	o Change
Epmployee/Spouse		\$	66.75			\$	66.75		o Change
Employee/Child(ren)		\$	77.71			\$	77.71		o Change
Employee Family	_	\$	109.19			\$	109.19		o Change
		ļΨ	105.15			Ψ	107.17	.,	o change
ision Insurance		Τø	5.70					2.1	CI
Employee only	_	\$	5.78						o Change
Employee Family		\$	18.94					N.	o Change
	OVE	R 65/	MEDICAR	Æ					
Employee only HEALTH	OVE		MEDICAR 545.02	E		\$	545.02	S	15.87
	OVE	\$	545.02	E		\$	545.02 1.148.06	\$	15.87
pmployee/Spouse	OVE			E		\$	545.02 1,148.06	\$	15.87 33.44
Epmployee/Spouse Dental Insurance	OVE	\$	545.02 1,148.06	E		\$	1,148.06	\$	33.44
Employee only HEALTH Epmployee/Spouse Dental Insurance Employee only	OVE	\$ \$	545.02 1,148.06 41.18	E		\$	1,148.06	\$ N	33.44 o Change
Epmployee/Spouse Dental Insurance Employee only	OVE	\$	545.02 1,148.06	E		\$	1,148.06	\$ N	33.44
Dental Insurance Employee/Spouse Employee only Epmployee/Spouse Vision Insurance	OVE	\$ \$	545.02 1,148.06 41.18 80.10	E		\$	1,148.06	\$ N	33.44 o Change o Change
Dental Insurance Employee only Epmployee/Spouse	OVE	\$ \$	545.02 1,148.06 41.18	EE		\$	1,148.06	\$ N	33.44 o Change