

MEMORANDUM

TO: Alicia Beshears, Superintendent
FROM: Ashley Valentine, Finance Director
SUBJECT: Employee Insurance Rates
DATE: June 26, 2023

Due to the overall increase in health care cost as well as multiple years of high claims for the District's Self Insurance Fund the Insurance Committee met and approved a rate increase of 15% to all health related premiums. The Board contribution also increased from \$4,000 to \$4,550 per employee annually.

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

APPROVED

JUL 18 2023

By Taylor County
School Board

By Taylor County School Board

Taylor County School Board Active and Retired Monthly Insurance Premiums 2023-2024					
ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS Plan #05770					
Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 400.87	\$ 455.00	\$ 855.87	\$ 52.29
10-109 Employee/Spouse	Plan C-1	\$ 1,174.62	\$ 455.00	\$ 1,629.62	\$ 153.21
10-110-Employee Child(ren)	Pan C-2	\$ 1,031.41	\$ 455.00	\$ 1,486.41	\$ 134.53
10-111-Employee/Family	Plan C-3	\$ 1,501.31	\$ 455.00	\$ 1,956.31	\$ 195.82
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 41.18		\$ 41.18	No Change
10-102- Employee/Spouse	Plan A-2	\$ 80.10		\$ 80.10	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 93.26		\$ 93.26	No Change
10-104-Employee/Family	Plan A-4	\$ 131.03		\$ 131.03	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
10-101- Employee		\$ 6.94		\$ 6.94	No Change
10-102- Family		\$ 22.72		\$ 22.72	No Change
10-103-Employee Plan A			\$ 6.94	\$ 6.94	No Change
10-104-Employee Family		\$ 15.78	\$ 6.94	\$ 22.72	No Change
RETIREE PREMIUMS COLLECTED OVER 12 MONTHS					
UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Reitree Cost
Employee only		\$ 713.23			\$ 89.41
Employee/Spouse		\$ 1,358.02			\$ 173.51
Employee/Child(ren)		\$ 1,238.68			\$ 157.94
Employee/Family		\$ 1,630.26			\$ 209.02
Dental Insurance					
Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No Change
Employee/Child(ren)		\$ 77.71			No Change
Employee Family		\$ 109.19			No Change
Vision Insurance					
Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change
OVER 65/MEDICARE					
Employee only HEALTH		\$ 713.23			\$ 220.02
Employee/Spouse		\$ 1,358.02			\$ 435.57
Dental Insurance					
Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No Change
Vision Insurance					
Employee only		\$ 5.78			No Change
Employee/Spouse		\$ 18.94			No Change

TCSB Active and Retired Monthly Insurance Premiums 2023-2024

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School Board

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

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 179.98	\$ 455.00	\$ 634.98	\$ 23.48
10-109 Employee/Spouse	Plan C-1	\$ 882.54	\$ 455.00	\$ 1,337.54	\$ 115.11
10-110-Employee Child(ren)	Pan C-2	\$ 765.10	\$ 455.00	\$ 1,220.10	\$ 99.80
10-111-Employee/Family	Plan C-3	\$ 1,150.28	\$ 455.00	\$ 1,605.28	\$ 150.04
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 41.18		\$ 41.18	No Change
10-102- Employee/Spouse	Plan A-2	\$ 80.10		\$ 80.10	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 93.26		\$ 93.26	No Change
10-104-Employee/Family	Plan A-4	\$ 131.03		\$ 131.03	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
10-101- Employee		\$ 6.94		\$ 6.94	No Change
10-102- Family		\$ 22.72		\$ 22.72	No Change
10-103-Employee Plan A			\$ 6.94	\$ 6.94	No Change
10-104-Employee Family		\$ 15.78	\$ 6.94	\$ 22.72	No Change

RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Reitree Cost
Employee only		\$ 529.15		\$ 529.15	\$ 65.40
Employee/Spouse		\$ 1,114.62		\$ 1,114.62	\$ 141.76
Employee/Child(ren)		\$ 1,016.75		\$ 1,016.75	\$ 129.00
Employee/Family		\$ 1,337.73		\$ 1,337.73	\$ 170.87

Dental Insurance					
Employee only		\$ 34.31		\$ 34.31	No Change
Epmmployee/Spouse		\$ 66.75		\$ 66.75	No Change
Employee/Child(ren)		\$ 77.71		\$ 77.71	No Change
Employee Family		\$ 109.19		\$ 109.19	No Change

Vision Insurance					
Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 529.15		\$ 529.15	\$ 65.40
Epmmployee/Spouse		\$ 1,114.62		\$ 1,114.62	\$ 141.76

Dental Insurance					
Employee only		\$ 41.18		\$ 41.18	No Change
Epmmployee/Spouse		\$ 80.10		\$ 80.10	No Change

Vision Insurance					
Employee only		\$ 5.78			No Change
Epmmployee/Spouse		\$ 18.94			No Change