

HOW TO CALCULATE YOUR ANNUAL BENEFIT CONTRIBUTION AMOUNT

Employees are required to contribute toward their health benefit coverage. The contribution amount will either be 1.5% of their salary – **OR** – a percentage of their benefit premium as outlined on the attached charts, whichever amount is greater.

Step 1: Calculate 1.5% of your salary. *Example: If you make \$50,000 per year, 1.5% of that is \$750.*

Step 2: Using the attached charts, calculate the percentage of premium for your salary range to see if that amount is greater than 1.5% of your salary (you will pay whichever amount is higher).

To do that:

- a. Find the correct chart for your plan type (Single, Parent/Child(ren) or Family).
- b. In Chart #1 for your plan type, add your medical/Rx plan premium to the amount of the premium for the dental plan you have, to get your combined annual premium amount.
- c. In Chart #2 for your plan type, find your salary range and corresponding Percentage of Premium.
- d. Multiply the amount of your annual premiums (from Chart #1) by the percentage of premium for your salary range (from Chart #2).

Example: The annual premium for your benefit plan (Blue Card PPO family medical/Rx with Premier-02 dental is \$38,116.32). Your salary is \$50,000 and the percentage of premium is 12%, so $\$38,116.32 \times 12\% = \$4,573.96$.

Step 3: Compare the two amounts to see which one is greater. Using these examples (1.5% of salary = \$750 vs. 12% of the total premium = \$4,573.96), you would be required to contribute 12% of the premium for the 2020-2021 school year since that is the higher amount.

SINGLE COVERAGE – CHART #1
ANNUAL MEDICAL/RX/DENTAL PREMIUMS – 2020/2021

*Add the Medical/Rx plan premium plus the dental plan premium to equal
the combined annual benefit premium*

Choose One Medical/Rx Plan Below

+

Choose One Dental Plan Below

Blue Card PPO & Rx	OMNIA & Rx	Advantage EPO & Rx		7273-0002 Premier Dental	7273-0004* Premier Dental	Flagship – 1 DeltaCare
\$17,235.00	\$13,881.48	\$15,558.12	+	\$1,569.24	\$1,586.64	\$334.32

SINGLE COVERAGE – CHART #2

Salary Range	Percent of Premium
Less than \$20,000	4.50%
\$20,000 - \$24,999.99	5.50%
\$25,000 - \$29,999.99	7.50%
\$30,000 - \$34,999.99	10.00%
\$35,000 - \$39,999.99	11.00%
\$40,000 - \$44,999.99	12.00%
\$45,000 - \$49,999.99	14.00%
\$50,000 - \$54,999.99	20.00%
\$55,000 - \$59,999.99	23.00%
\$60,000 - \$64,999.99	27.00%
\$65,000 - \$69,999.99	29.00%
\$70,000 - \$74,999.99	32.00%
\$75,000 - \$79,999.99	33.00%
\$80,000 - \$94,999.99	34.00%
\$95,000 and over	35.00%

**Bus Drivers and Principals/Administrators Only*

PARENT/CHILD(REN) COVERAGE – CHART #1
ANNUAL MEDICAL/RX/DENTAL PREMIUMS – 2020/2021

*Add the Medical/Rx plan premium plus the dental plan premium to equal
the combined annual benefit premium*

Choose One Medical/Rx Plan Below

+

Choose One Dental Plan Below

Blue Card PPO & Rx	OMNIA & Rx	Advantage EPO & Rx		7273- 0002 Premier Dental	7273- 0004* Premier Dental	Flagship- 1 DeltaCare	Flagship- 2 DeltaCare	Flagship- 3+ DeltaCare
\$28,446.12	\$21,953.28	\$25,199.64	+	\$1,569.24	\$1,586.64	\$334.32	\$640.20	\$1,080.12

PARENT/CHILD(REN) COVERAGE – CHART #2

Salary Range	Percent of Premium
Less than \$25,000	3.50%
\$25,000 - \$29,999.99	4.50%
\$30,000 - \$34,999.99	6.00%
\$35,000 - \$39,999.99	7.00%
\$40,000 - \$44,999.99	8.00%
\$45,000 - \$49,999.99	10.00%
\$50,000 - \$54,999.99	15.00%
\$55,000 - \$59,999.99	17.00%
\$60,000 - \$64,999.99	21.00%
\$65,000 - \$69,999.99	23.00%
\$70,000 - \$74,999.99	26.00%
\$75,000 - \$79,999.99	27.00%
\$80,000 - \$84,999.99	28.00%
\$85,000 - \$99,999.99	30.00%
\$100,000 and over	35.00%

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FAMILY COVERAGE – CHART #1
ANNUAL MEDICAL/RX/DENTAL PREMIUMS – 2020/2021

*Add the Medical/Rx plan premium plus the dental plan premium to equal
the combined annual benefit premium*

Choose One Medical/Rx Plan Below

+

Choose One Dental Plan Below

Blue Card PPO & Rx	OMNIA & Rx	Advantage EPO & Rx		7273- 0002 Premier Dental	7273- 0004* Premier Dental	Flagship- 1 DeltaCare	Flagship- 2 DeltaCare	Flagship- 3+ DeltaCare
\$36,547.08	\$27,786.00	\$32,166.84	+	\$1,569.24	\$1,586.64	\$334.32	\$640.20	\$1,080.12

FAMILY COVERAGE – CHART #2

Salary Range	Percent of Premium
Less than \$25,000	3.00%
\$25,000 - \$29,999.99	4.00%
\$30,000 - \$34,999.99	5.00%
\$35,000 - \$39,999.99	6.00%
\$40,000 - \$44,999.99	7.00%
\$45,000 - \$49,999.99	9.00%
\$50,000 - \$54,999.99	12.00%
\$55,000 - \$59,999.99	14.00%
\$60,000 - \$64,999.99	17.00%
\$65,000 - \$69,999.99	19.00%
\$70,000 - \$74,999.99	22.00%
\$75,000 - \$79,999.99	23.00%
\$80,000 - \$84,999.99	24.00%
\$85,000 - \$89,999.99	26.00%
\$90,000 - \$94,999.99	28.00%
\$95,000 - \$99,999.99	29.00%
\$100,000 - \$109,999.99	32.00%
\$110,000 and over	35.00%

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