

SOMERSET COUNTY PUBLIC SCHOOLS

**SCHEDULES OF HEALTH INSURANCE RATES
FOR FISCAL YEAR 2009**

<u>PPN-Includes Vison & Rx.</u>	<u>12 MONTH COST</u>	<u>ANNUAL COST</u>	<u>COUNTY COST</u>	<u>PAID BY EMPLOYEE</u>	<u>20 PAYROLL DEDUCTIONS</u>
INDIVIDUAL	431.43	5,177.16	4,659.44	517.72	25.89
HUSBAND/WIFE	1,252.28	15,027.36	11,270.52	3,756.84	187.84
PARENT/CHILD	998.33	11,979.96	8,984.97	2,994.99	149.75
FAMILY	1,524.01	18,288.12	13,716.09	4,572.03	228.60

<u>EPO-Includes Vision & Rx.</u>	<u>12 MONTH COST</u>	<u>ANNUAL COST</u>	<u>COUNTY COST</u>	<u>PAID BY EMPLOYEE</u>	<u>20 PAYROLL DEDUCTIONS</u>
INDIVIDUAL	353.89	4,246.68	3,822.01	424.67	21.23
HUSBAND/WIFE	1,067.11	12,805.32	10,884.52	1,920.80	96.04
PARENT/CHILD	855.44	10,265.28	8,725.49	1,539.79	76.99
FAMILY	1,290.45	15,485.40	13,162.59	2,322.81	116.14

<u>DENTAL-100% paid by employee</u>	<u>12 MONTH COST</u>	<u>ANNUAL COST</u>	<u>COUNTY COST</u>	<u>PAID BY EMPLOYEE</u>	<u>20 PAYROLL DEDUCTIONS</u>
INDIVIDUAL	18.65	223.80	0.00	223.80	11.19
HUSBAND/WIFE	35.94	431.28	0.00	431.28	21.56
PARENT/CHILD	31.61	379.32	0.00	379.32	18.97
FAMILY	53.71	644.52	0.00	644.52	32.23

<u>RETIREEES BC/BS</u>	<u>12 MONTH COST</u>	<u>ANNUAL COST</u>	<u>COUNTY COST</u>	<u>PAID BY EMPLOYEE</u>	<u>12 MONTHLY PAYMENTS</u>
Medicare Supplement-Over 65 (Cost Sharing Plan - Board pays \$250)	510.78	6,129.36	3,000.00	3,129.36	260.78
Dental - Ind.	18.65	223.80			
Dental - H & W	35.94	431.28			

NOTE:
**For PPO coverage the employee
pays 10% for Individual & 25% for
H&W, P&C or Family**

**For EPO coverage the employee
pays 10% for Individual & 15% for
H&W, P&C or Family**