

Anacortes School District 2014-2015 Health Insurance Rates

| Premera BC QHDHP (High Deductible) | |
|------------------------------------|----------|
| Employee | \$420.90 |
| Employee/Spouse | \$763.05 |
| Employee/Child(ren) | \$557.75 |
| Family | \$901.45 |

| Premera BC Plan 2 Heritage | |
|----------------------------|------------|
| Employee | \$837.75 |
| Employee/Spouse | \$1,532.75 |
| Employee/Child(ren) | \$1,118.25 |
| Family | \$1,837.50 |

| Premera BC Plan 3 Heritage | |
|----------------------------|------------|
| Employee | \$749.70 |
| Employee/Spouse | \$1,371.80 |
| Employee/Child(ren) | \$1,000.85 |
| Family | \$1,644.55 |

| Easy Choice Plan (A, B or C) | |
|------------------------------|------------|
| Employee | \$535.25 |
| Employee/Spouse | \$971.65 |
| Employee/Child(ren) | \$709.80 |
| Family | \$1,164.05 |

| Group Health | |
|---------------------|------------|
| Employee | \$918.59 |
| Employee/Spouse | \$1,773.62 |
| Employee/Child(ren) | \$1,280.65 |
| Family | \$2,135.69 |

| Premera BC Plan 5 Foundation | |
|------------------------------|------------|
| Employee | \$979.85 |
| Employee/Spouse | \$1,882.45 |
| Employee/Child(ren) | 1,336.75 |
| Family | \$2,267.65 |

Coverage listed below are mandatory according to union agreements. Dental and vision coverage is composite - your eligible family members are covered at no additional cost. The state allowance times your FTE (your hours compared to a full day—see below) less the mandatory coverage will give you an estimate as to the employer dollars available - the balance will be your estimated out-of-pocket prior to pooling. State allowance amounts may change once bargaining is completed.

| SEIU | |
|--|----------|
| State Allowance | \$768.00 |
| Dental WDS | \$118.80 |
| or | |
| Willamette Dental | \$84.15 |
| | |
| Vision (VSP Plan B) | \$28.50 |
| Full-time = 8 hrs/day. Your share of the allowance is the percentage of your day compared to a full day. | |

| Teachers / Para-ed's | |
|---|----------|
| State Allowance | \$768.00 |
| Dental WDS | \$118.80 |
| or | |
| Willamette Dental | \$84.15 |
| | |
| Vision (VSP Plan B) | \$28.50 |
| Full-time = 8 hrs/day (APEO). Full-time = 7 hrs (AEA) Your share of the allowance is the percentage of your day compared to a full day. | |

| Secretaries | |
|---|----------|
| State Allowance | \$768.00 |
| Dental WDS | \$120.15 |
| or | |
| Willamette Dental | \$84.15 |
| | |
| Vision (VSP Plan B) | \$28.50 |
| Full-time = 8 hrs/day. Your share of the allowance is the percentage of your day compared to a full day | |

| District Office / Exempt | |
|---|----------|
| State Allowance | \$768.00 |
| Dental WDS | \$120.15 |
| or | |
| Willamette Dental | \$84.15 |
| | |
| Vision (Blue Cross Plan A) | \$17.15 |
| Full-time = 8 hrs/day. Your share of the allowance is the percentage of your day compared to a full day | |