

Aurora Public Schools Benefits
Health, Dental and Vision Monthly Premium Rates Effective July 1, 2020 - June 30, 2021

All medical, dental and/or vision premiums paid by employees will be deducted on a monthly basis.

The time frame for employees to enroll/change benefits is **no more than 30 calendar days** of an eligible event. Examples of eligible events: new hires, change in legal marital status, change in number of dependents, change in employment status, etc. You will need to provide required documentation of the eligible event if applicable. If you do not request the change within 30 calendar days, the next opportunity you will have to make changes to your benefits will be during the next open enrollment period. The open enrollment periods are in May.

The district pays a defined contribution of \$560.48 of the cost of the employee only premium for medical insurance for certificated employees and for full time (six [6] hours per day or more) classified/support employees. Medical insurance premiums for classified/support employees working fewer than six [6] hours but at least 4 will be pro-rated (see below).

MEDICAL RATES **The employer contribution for ALL Kaiser Medical plans is \$560.48**

KAISER- DHMO \$1,000	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$593.46	\$560.48	32.98	\$605.33
Employee + Spouse	\$1,305.62	\$560.48	745.14	\$1,331.73
Employee + Children	\$1,068.23	\$560.48	507.75	\$1,089.59
Employee + Family	\$1,661.70	\$560.48	1101.22	\$1,694.93

KAISER- DHMO \$2,500	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$538.96	\$560.48	-21.52	\$549.74
Employee + Spouse	\$1185.72	\$560.48	\$625.24	\$1,209.43
Employee + Children	\$970.13	\$560.48	\$409.65	\$989.53
Employee + Family	\$1509.10	\$560.48	\$948.62	\$1,539.28

KAISER- HDHP HSA \$1,500	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$571.82	\$560.48	\$11.34	\$583.26
Employee + Spouse	\$1,258.01	\$560.48	\$697.53	\$1,283.17
Employee + Children	\$1,029.28	\$560.48	\$468.80	\$1,049.87
Employee + Family	\$1,601.10	\$560.48	\$1,040.62	\$1,633.12

KAISER- HDHP HSA \$3,000	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$511.18	\$560.48	-\$49.30	\$521.40
Employee + Spouse	\$1,124.60	\$560.48	\$564.12	\$1,147.09
Employee + Children	\$920.13	\$560.48	\$359.65	\$938.53
Employee + Family	\$1,431.31	\$560.48	\$870.83	\$1,459.94

KAISER- POS \$1,000	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$734.48	\$560.48	\$174.00	\$749.17
Employee + Spouse	\$1,615.85	\$560.48	\$1,055.37	\$1,648.17
Employee + Children	\$1,322.06	\$560.48	\$761.58	\$1,348.50
Employee + Family	\$2,056.54	\$560.48	\$1,496.06	\$2,097.67

DENTAL RATES The employer contribution for ALL Delta Dental plans is \$23.01

Delta Dental- Base Plan	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$30.68	\$23.01	\$7.67	\$31.29
Employee + Spouse	\$63.47	\$23.01	\$40.46	\$64.74
Employee + Children	\$78.80	\$23.01	\$55.79	\$80.38
Employee + Family	\$105.55	\$23.01	\$82.54	\$107.66

Delta Dental- Buy-up Plan	Premium Rate	District Pays	Employee Pays	COBRA
Employee Only	\$38.85	\$23.01	\$15.84	\$39.63
Employee + Spouse	\$80.35	\$23.01	\$57.34	\$81.96
Employee + Children	\$99.80	\$23.01	\$76.79	\$101.80
Employee + Family	\$133.66	\$23.01	\$110.65	\$136.33

VISION RATES There is no (0) employer contribution for EyeMed Vision plans.

EyeMed Vision	Employee Pays	COBRA
Employee Only	\$4.90	\$5.00
Employee + Spouse	\$9.29	\$9.48
Employee + Children	\$10.89	\$11.11
Employee + Family	\$15.32	\$15.63