



Teachers Health Trust PREMIUM RATE SHEET

Effective January 1, 2016

1. ACTIVE PARTICIPANTS

Each employee receives medical, dental, vision and \$50,000 term life insurance as a combined package, except for employees on COBRA coverage.

	Licensed Employees (Per Paycheck)	Charter School Employees (Per Paycheck)	Shared Contract Employees (Per Paycheck)	Self-Pay Participants (Per Month)	COBRA Participants (Per Month)
Subscriber Only	\$0.00	\$0.00	\$145.97	\$583.87	\$589.68
Subscriber + 1 Dependent	\$105.00	\$105.00	\$250.97	\$793.87	\$803.88
Subscriber + Family	\$220.00	\$220.00	\$365.97	\$1,023.87	\$1,038.48

2. TWO-CCSD EMPLOYEES (PER PAYCHECK RATES)

Each participant receives medical, dental and vision as a combined package. Employee only will receive an additional \$50,000 term life insurance benefit.

	Married to Licensed Employee	Licensed Employee Married to Administrator	Married to Support Staff or School Police	Married to Shared Contract Employee	Shared Contract Married to Support Staff or School Police
2 CCSD Employees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 CCSD Employees + 1 Family	\$0.00	\$0.00	\$0.00	\$76.91	\$109.22

3. RETIRED PARTICIPANTS (PER MONTH)*

Each participant receives medical, dental and vision as a combined package. Retiree only will receive an additional \$10,000 term life insurance benefit.

	UNUSED SICK LEAVE				
	Less than 150 Days	150-199 Days	200-249 Days	250-299 Days	300 Days or More
10-19 Years of Service					
Subscriber Only	\$818.00	\$806.00	\$795.00	\$783.00	\$771.00
Subscriber + 1 Dependent	\$1,987.00	\$1,975.00	\$1,964.00	\$1,952.00	\$1,940.00
Subscriber + Family	\$3,156.00	\$3,144.00	\$3,133.00	\$3,121.00	\$3,109.00
20-25 Years of Service					
Subscriber Only	\$643.00	\$631.00	\$619.00	\$608.00	\$596.00
Subscriber + 1 Dependent	\$1,812.00	\$1,800.00	\$1,788.00	\$1,777.00	\$1,765.00
Subscriber + Family	\$2,981.00	\$2,969.00	\$2,957.00	\$2,946.00	\$2,934.00
26-29 Years of Service					
Subscriber Only	\$526.00	\$514.00	\$502.00	\$491.00	\$479.00
Subscriber + 1 Dependent	\$1,695.00	\$1,683.00	\$1,671.00	\$1,660.00	\$1,648.00
Subscriber + Family	\$2,864.00	\$2,852.00	\$2,840.00	\$2,829.00	\$2,817.00
30+ Years of Service					
Subscriber Only	\$374.00	\$362.00	\$350.00	\$339.00	\$327.00
Subscriber + 1 Dependent	\$1,543.00	\$1,531.00	\$1,519.00	\$1,508.00	\$1,496.00
Subscriber + Family	\$2,712.00	\$2,700.00	\$2,688.00	\$2,677.00	\$2,665.00

* For retirees who retired after 01/01/2009, were hired before 09/01/2014, and under 65 years old.

PREMIUM RATES COMPARISON SHEET

Per Paycheck

Coverage	2016- PCMH Performance Plus Plan	CURRENT TEACHERS HEALTH TRUST PLAN			
		Diamond PPO Plan		Platinum PPO Plan	
		Rate	Difference	Rate	Difference
Employee Only	\$0.00	\$35.00	(\$35.00)	\$0.00	\$0.00
Employee + 1	\$105.00	\$133.00	(\$28.00)	\$66.00	\$39.00
Employee + Family	\$220.00	n/a		n/a	
Employee + 2	n/a	\$173.00	\$47.00	\$89.00	\$131.00
Employee + 3	n/a	\$213.00	\$7.00	\$112.00	\$108.00
Employee + 4	n/a	\$253.00	(\$33.00)	\$135.00	\$85.00
Employee + 5	n/a	\$293.00	(\$73.00)	\$158.00	\$62.00
Employee + 6	n/a	\$333.00	(\$113.00)	\$181.00	\$39.00
Employee + 7	n/a	\$373.00	(\$153.00)	\$202.00	\$18.00
Employee + 8	n/a	\$413.00	(\$193.00)	\$225.00	(\$5.00)
Employee + 9	n/a	\$453.00	(\$233.00)	\$248.00	(\$28.00)
Employee + 10	n/a	\$493.00	(\$273.00)	\$271.00	(\$51.00)

Last premium rates increase:

- PPO Diamond Plan - 09/01/2014 (\$10 per covered life per paycheck)
- PPO Platinum Plan - 01/01/2002 (14 years)