



Human Resources / Benefits

**Indianapolis Public Schools 2020 Per Pay Medical Plan Deductions Effective 1/1/2020
For IEA Bargaining Unit (Teachers) / 12 Month Employees / Certified and Classified Administrators**

UnitedHealthcare	Plan 3 Navigate	Plan 2 Primary Advantage	Plan 1 Choice HSA \$3000
<u>Employee Only</u>			
Total Annual Cost	\$7,996.68	\$8,670.96	\$9,272.16
Annual Board Contribution	\$7,144.88	\$7,144.88	\$7,144.88
Annual Employee Cost	\$851.80	\$1,526.08	\$2,127.28
January - December	\$32.76	\$58.70	\$81.82
<u>Employee/Child(ren)</u>			
Total Annual Cost	\$15,408.72	\$17,017.68	\$17,653.08
Annual Board Contribution	\$12,877.40	\$12,877.40	\$12,877.40
Annual Employee Cost	\$2,531.32	\$4,140.28	\$4,775.68
January - December	\$97.36	\$159.24	\$183.68
<u>Employee/Spouse</u>			
Total Annual Cost	\$17,175.12	\$19,694.04	\$20,309.04
Annual Board Contribution	\$13,915.90	\$13,915.90	\$13,915.90
Annual Employee Cost	\$3,259.22	\$5,778.14	\$6,393.14
January - December	\$125.35	\$222.24	\$245.89
<u>Employee/Family</u>			
Total Annual Cost	\$25,147.92	\$28,109.76	\$28,684.80
Annual Board Contribution	\$21,185.40	\$21,185.40	\$21,185.40
Annual Employee Cost	\$3,962.52	\$6,924.36	\$7,499.40
January - December	\$152.40	\$266.32	\$288.44
11.1.2019 Final			



Human Resources / Benefits

**Indianapolis Public Schools 2020 Per Pay Vision and Dental Plan Deductions
Effective 1/1/2020
For IEA Bargaining Unit (Teachers) / 12 Month Employees /
Certified and Classified Administrators**

	Vision Service Plan (VSP)	Delta Dental
<u>Employee Only</u>		
Total Annual Cost	\$71.28	\$266.04
Annual Board Contribution	\$71.02	\$265.78
Annual Employee Cost	\$0.26	\$0.26
January - December	\$0.01	\$0.01
<u>Employee/Child(ren)</u>		
Total Annual Cost	\$159.24	\$511.56
Annual Board Contribution	\$71.02	\$511.30
Annual Employee Cost	\$88.22	\$0.26
January - December	\$3.39	\$0.01
<u>Employee/Spouse</u>		
Total Annual Cost	\$148.44	\$486.00
Annual Board Contribution	\$71.02	\$485.74
Annual Employee Cost	\$77.42	\$0.26
January - December	\$2.98	\$0.01
<u>Employee/Family</u>		
Total Annual Cost	\$258.12	\$825.96
Annual Board Contribution	\$71.02	\$825.70
Annual Employee Cost	\$187.10	\$0.26
January - December	\$7.20	\$0.01
11.1.2019 Final		

**Indianapolis Public Schools 2020 Per Pay Medical Plan Deductions Effective 1/1/2020
For Ten Month Employees - Excluding Teachers**

UnitedHealthcare	Plan 3 Navigate	Plan 2 Primary Advantage	Plan 1 Choice HSA \$3000
<u>Employee Only</u>			
Total Annual Cost	\$7,996.68	\$8,670.96	\$9,272.16
Annual Board Contribution	\$7,144.88	\$7,144.88	\$7,144.88
Annual Employee Cost	\$851.80	\$1,526.08	\$2,127.28
January - June	\$56.79	\$101.74	\$141.82
July - August	NA	NA	NA
September - December	\$40.56	\$72.67	\$101.30
<u>Employee/Child(ren)</u>			
Total Annual Cost	\$15,408.72	\$17,017.68	\$17,653.08
Annual Board Contribution	\$12,877.40	\$12,877.40	\$12,877.40
Annual Employee Cost	\$2,531.32	\$4,140.28	\$4,775.68
January - June	\$168.75	\$276.02	\$318.38
July - August	NA	NA	NA
September - December	\$120.54	\$197.16	\$227.41
<u>Employee/Spouse</u>			
Total Annual Cost	\$17,175.12	\$19,694.04	\$20,309.04
Annual Board Contribution	\$13,915.90	\$13,915.90	\$13,915.90
Annual Employee Cost	\$3,259.22	\$5,778.14	\$6,393.14
January - June	\$217.28	\$385.21	\$426.21
July - August	NA	NA	NA
September - December	\$155.20	\$275.15	\$304.44
<u>Employee/Family</u>			
Total Annual Cost	\$25,147.92	\$28,109.76	\$28,684.80
Annual Board Contribution	\$21,185.40	\$21,185.40	\$21,185.40
Annual Employee Cost	\$3,962.52	\$6,924.36	\$7,499.40
January - June	\$264.17	\$461.62	\$499.96
July - August	NA	NA	NA
September - December	\$188.69	\$329.73	\$357.11
11.1.2019 Final			

Why is the January - June deduction higher?

Ten month employees are covered for medical through the summer, but do not receive pay during that time. An additional amount is taken from the January to June pays to pay the cost of medical coverage over the summer.



**Indianapolis Public Schools 2020 Per Pay Vision and Dental Plan Deductions
Effective 1/1/2020
For Ten Month Employees - Excluding Teachers**

	Vision Service Plan (VSP)	Delta Dental
<u>Employee Only</u>		
Total Annual Cost	\$71.28	\$266.04
Annual Board Contribution	\$71.02	\$265.87
Annual Employee Cost	\$0.26	\$0.17
January - June	\$0.01	\$0.01
July - August	NA	NA
September - December	\$0.01	\$0.01
<u>Employee/Child(ren)</u>		
Total Annual Cost	\$159.24	\$511.56
Annual Board Contribution	\$71.02	\$511.39
Annual Employee Cost	\$88.22	\$0.17
January - June	\$5.88	\$0.01
July - August	NA	NA
September - December	\$4.20	\$0.01
<u>Employee/Spouse</u>		
Total Annual Cost	\$148.44	\$486.00
Annual Board Contribution	\$71.02	\$485.83
Annual Employee Cost	\$77.42	\$0.17
January - June	\$5.16	\$0.01
July - August	NA	NA
September - December	\$3.69	\$0.01
<u>Employee/Family</u>		
Total Annual Cost	\$258.12	\$825.96
Annual Board Contribution	\$71.02	\$825.79
Annual Employee Cost	\$187.10	\$0.17
January - June	\$12.47	\$0.01
July - August	NA	NA
September - December	\$8.91	\$0.01
11.1.19 Final		

Why is the January - June deduction higher?
 Ten month employees are covered for vision/dental through the summer, but do not receive pay during that time. An additional amount is taken from the January to June pays to pay the cost of vision/dental coverage over the summer.