

Streetsboro City School District
 Insurance Monthly Cost Information
 Portage Area Schools Consortium
 Fiscal Year 2018-2019

Certified-Family-Full Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 1,961.10	\$ 1,416.84	\$ 450.98	\$ 93.28	\$ 23.79
86% Board Share	\$ 1,686.55	\$ 1,218.48	\$ 387.84	\$ 80.22	\$ 20.47
14% Employee Share	\$ 274.56	\$ 198.36	\$ 63.14	\$ 13.06	\$ 3.32
Per Pay Amount 1st Pay	\$ 137.28	\$ 99.18	\$ 31.57	\$ 6.53	\$ 1.66
Per Pay Amount 2nd Pay	\$ 137.28	\$ 99.18	\$ 31.57	\$ 6.53	\$ 1.66

Certified-Single-Full Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 781.81	\$ 565.57	\$ 174.71	\$ 41.53	\$ 10.51
86% Board Share	\$ 672.36	\$ 486.39	\$ 150.25	\$ 35.72	\$ 9.05
14% Employee Share	\$ 109.45	\$ 79.18	\$ 24.46	\$ 5.81	\$ 1.46
Per Pay Amount 1st Pay	\$ 54.73	\$ 39.59	\$ 12.23	\$ 2.91	\$ 0.73
Per Pay Amount 2nd Pay	\$ 54.72	\$ 39.59	\$ 12.23	\$ 2.90	\$ 0.73

Classified-Family-Full Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 1,961.10	\$ 1,416.84	\$ 450.98	\$ 93.28	\$ 23.79
88% / 86% / 88% Board Share	\$ 1,716.75	\$ 1,246.82	\$ 387.84	\$ 82.09	\$ 20.47
12% / 14% / 12% Employee Share	\$ 244.35	\$ 170.02	\$ 63.14	\$ 11.19	\$ 3.32
Per Pay Amount 1st Pay	\$ 122.18	\$ 85.01	\$ 31.57	\$ 5.60	\$ 1.66
Per Pay Amount 2nd Pay	\$ 122.17	\$ 85.01	\$ 31.57	\$ 5.59	\$ 1.66

Streetsboro City School District
 Insurance Monthly Cost Information
 Portage Area Schools Consortium
 Fiscal Year 2018-2019

Classified-Single-Full Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 781.81	\$ 565.57	\$ 174.71	\$ 41.53	\$ 10.51
88% / 86% / 88% Board Share	\$ 684.50	\$ 497.70	\$ 150.25	\$ 36.55	\$ 9.05
12% / 14% / 12% Employee Share	\$ 97.31	\$ 67.87	\$ 24.46	\$ 4.98	\$ 1.46
Per Pay Amount 1st Pay	\$ 48.65	\$ 33.93	\$ 12.23	\$ 2.49	\$ 0.73
Per Pay Amount 2nd Pay	\$ 48.66	\$ 33.94	\$ 12.23	\$ 2.49	\$ 0.73

Classified-Family-Part Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 1,961.10	\$ 1,416.84	\$ 450.98	\$ 93.28	\$ 23.79
70% Board Share	\$ 1,372.77	\$ 991.79	\$ 315.69	\$ 65.30	\$ 16.65
30% Employee Share	\$ 588.32	\$ 425.05	\$ 135.29	\$ 27.98	\$ 7.14
Per Pay Amount 1st Pay	\$ 294.17	\$ 212.53	\$ 67.65	\$ 13.99	\$ 3.57
Per Pay Amount 2nd Pay	\$ 294.15	\$ 212.52	\$ 67.64	\$ 13.99	\$ 3.57

Classified-Single-Part Time Employees

Data Point	Full Benefits Rate	Medical Rate	Prescription Rate	Dental Rate	Vision Rate
Total Monthly Cost	\$ 781.81	\$ 565.57	\$ 174.71	\$ 41.53	\$ 10.51
70% Board Share	\$ 547.27	\$ 395.90	\$ 122.30	\$ 29.07	\$ 7.37
30% Employee Share	\$ 234.54	\$ 169.67	\$ 52.41	\$ 12.46	\$ 3.14
Per Pay Amount 1st Pay	\$ 117.28	\$ 84.84	\$ 26.21	\$ 6.23	\$ 1.57
Per Pay Amount 2nd Pay	\$ 117.26	\$ 84.83	\$ 26.20	\$ 6.23	\$ 1.57