

**OLENTANGY LOCAL SCHOOLS  
HEALTH INSURANCE PREMIUMS**

**12/1/2017 - 11/30/2018**

<b>TRADITIONAL PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$656.00	\$164.00
Dental Insurance	\$38.00	\$30.40	\$7.60
Vision Insurance	\$10.32	\$8.32	\$2.00
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$1,768.00	\$442.00
Dental Insurance	\$98.00	\$78.40	\$19.60
Vision Insurance	\$24.00	\$19.20	\$4.80

<b>HIGH DEDUCTIBLE PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$594.00	\$66.00
Dental Insurance	\$38.00	\$34.20	\$3.80
Vision Insurance	\$10.32	\$9.32	\$1.00
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$1,416.00	\$354.00
Dental Insurance	\$98.00	\$78.40	\$19.60
Vision Insurance	\$24.00	\$19.20	\$4.80

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**OLENTANGY LOCAL SCHOOLS  
HEALTH INSURANCE PREMIUMS  
12/1/2017 - 11/30/2018**

**ADMINISTRATIVE / NON-UNION CLASSIFIED EMPLOYEES  
Hired Prior to 11-08-05**

<b>TRADITIONAL PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>1-3 HOUR EMPLOYEES (15.00 hours or less per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$344.40	<b>\$475.60</b>
Dental Insurance	\$38.00	\$15.97	<b>\$22.03</b>
Vision Insurance	\$10.32	\$4.33	<b>\$5.99</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$707.20	<b>\$1,502.80</b>
Dental Insurance	\$98.00	\$31.32	<b>\$66.68</b>
Vision Insurance	\$24.00	\$7.70	<b>\$16.30</b>

Board incurs 42% of all insurance benefit premiums for single coverage; 32% for family coverage.

<b>3.25-5 HOUR EMPLOYEES (15.01 - 25.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$508.40	<b>\$311.60</b>
Dental Insurance	\$38.00	\$23.57	<b>\$14.43</b>
Vision Insurance	\$10.32	\$6.40	<b>\$3.92</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$1,149.20	<b>\$1,060.80</b>
Dental Insurance	\$98.00	\$50.92	<b>\$47.08</b>
Vision Insurance	\$24.00	\$12.50	<b>\$11.50</b>

Board incurs 62% of all insurance benefit premiums for single coverage; 52% for family coverage.

<b>5.25-8 HOUR EMPLOYEES (25.01 - 40.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$656.00	<b>\$164.00</b>
Dental Insurance	\$38.00	\$30.40	<b>\$7.60</b>
Vision Insurance	\$10.32	\$8.32	<b>\$2.00</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$1,768.00	<b>\$442.00</b>
Dental Insurance	\$98.00	\$78.40	<b>\$19.60</b>
Vision Insurance	\$24.00	\$19.20	<b>\$4.80</b>

Board incurs 80% of all insurance benefit premiums for single and family coverage.

<b>HIGH DEDUCTIBLE PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>1-3 HOUR EMPLOYEES (15.00 hours or less per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$277.20	<b>\$382.80</b>
Dental Insurance	\$38.00	\$16.00	<b>\$22.00</b>
Vision Insurance	\$10.32	\$4.33	<b>\$5.99</b>
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$566.40	<b>\$1,203.60</b>
Dental Insurance	\$98.00	\$31.40	<b>\$66.60</b>
Vision Insurance	\$24.00	\$7.70	<b>\$16.30</b>

Board incurs 42% of all insurance benefit premiums for single coverage; 32% for family coverage.

<b>3.25 - 5 HOUR EMPLOYEES (15.01 - 25.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$409.20	<b>\$250.80</b>
Dental Insurance	\$38.00	\$23.60	<b>\$14.40</b>
Vision Insurance	\$10.32	\$6.40	<b>\$3.92</b>
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$920.40	<b>\$849.60</b>
Dental Insurance	\$98.00	\$51.00	<b>\$47.00</b>
Vision Insurance	\$24.00	\$12.50	<b>\$11.50</b>

Board incurs 62% of all insurance benefit premiums for single coverage; 52% for family coverage.

<b>5.25 - 8 HOUR EMPLOYEES (25.01 - 40.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$594.00	<b>\$66.00</b>
Dental Insurance	\$38.00	\$34.20	<b>\$3.80</b>
Vision Insurance	\$10.32	\$9.32	<b>\$1.00</b>
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$1,416.00	<b>\$354.00</b>
Dental Insurance	\$98.00	\$78.40	<b>\$19.60</b>
Vision Insurance	\$24.00	\$19.20	<b>\$4.80</b>

Board incurs 90% of all insurance benefit premiums for single coverage; 80% for family coverage.

**OLENTANGY LOCAL SCHOOLS  
HEALTH INSURANCE PREMIUMS  
12/1/2017 - 11/30/2018**

**ADMINISTRATIVE / NON-UNION CLASSIFIED EMPLOYEES  
Uninsured and/or New Employees Hired After November 8, 2005**

<b>TRADITIONAL PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>1 - 3 HOUR EMPLOYEES (15.00 hours or less per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$0.00	\$820.00
Dental Insurance	\$38.00	\$0.00	\$38.00
Vision Insurance	\$10.32	\$0.00	\$10.32
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$0.00	\$2,210.00
Dental Insurance	\$98.00	\$0.00	\$98.00
Vision Insurance	\$24.00	\$0.00	\$24.00

<b>3.25 - 4 HOUR EMPLOYEES (15.01 - 20.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$287.00	\$533.00
Dental Insurance	\$38.00	\$13.30	\$24.70
Vision Insurance	\$10.32	\$3.60	\$6.72
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$552.50	\$1,657.50
Dental Insurance	\$98.00	\$24.50	\$73.50
Vision Insurance	\$24.00	\$6.00	\$18.00

Board incurs 35% of all insurance benefit premiums for single coverage; 25% for family coverage.

<b>4.25 - 5 HOUR EMPLOYEES (20.01 - 25.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$410.00	\$410.00
Dental Insurance	\$38.00	\$19.00	\$19.00
Vision Insurance	\$10.32	\$5.16	\$5.16
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$884.00	\$1,326.00
Dental Insurance	\$98.00	\$39.20	\$58.80
Vision Insurance	\$24.00	\$9.60	\$14.40

Board incurs 50% of all insurance benefit premiums for single coverage; 40% for family coverage.

<b>5.25 - 6 HOUR EMPLOYEES (25.01 - 29.99 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$574.00	<b>\$246.00</b>
Dental Insurance	\$38.00	\$26.60	<b>\$11.40</b>
Vision Insurance	\$10.32	\$7.22	<b>\$3.10</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$1,326.00	<b>\$884.00</b>
Dental Insurance	\$98.00	\$58.80	<b>\$39.20</b>
Vision Insurance	\$24.00	\$14.40	<b>\$9.60</b>

Board incurs 70% of all insurance benefit premiums for single coverage; 60% for family coverage.

<b>6.00 - 8 HOUR EMPLOYEES (30.00 - 40.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$656.00	<b>\$164.00</b>
Dental Insurance	\$38.00	\$30.40	<b>\$7.60</b>
Vision Insurance	\$10.32	\$8.32	<b>\$2.00</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$1,768.00	<b>\$442.00</b>
Dental Insurance	\$98.00	\$78.40	<b>\$19.60</b>
Vision Insurance	\$24.00	\$19.20	<b>\$4.80</b>

Board incurs 80% for single or family coverage.

<b>HIGH DEDUCTIBLE PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>1 - 3 HOUR EMPLOYEES (15.00 hours or less per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$0.00	<b>\$660.00</b>
Dental Insurance	\$38.00	\$0.00	<b>\$38.00</b>
Vision Insurance	\$10.32	\$0.00	<b>\$10.32</b>
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$0.00	<b>\$1,770.00</b>
Dental Insurance	\$98.00	\$0.00	<b>\$98.00</b>
Vision Insurance	\$24.00	\$0.00	<b>\$24.00</b>

<b>3 - 4 HOUR EMPLOYEES (15.01 - 20.00 hours per week)</b>			
<b>Single Coverage</b>			
Medical Insurance	\$660.00	\$231.00	<b>\$429.00</b>
Dental Insurance	\$38.00	\$13.30	<b>\$24.70</b>
Vision Insurance	\$10.32	\$3.61	<b>\$6.71</b>
<b>Family Coverage</b>			
Medical Insurance	\$1,770.00	\$442.50	<b>\$1,327.50</b>
Dental Insurance	\$98.00	\$24.50	<b>\$73.50</b>
Vision Insurance	\$24.00	\$6.00	<b>\$18.00</b>

Board incurs 35% of all insurance benefit premiums for single coverage; 25% for family coverage.

**4 - 5 HOUR EMPLOYEES (20.01 - 25.00 hours per week)****Single Coverage**

Medical Insurance	\$660.00	\$330.00	<b>\$330.00</b>
Dental Insurance	\$38.00	\$19.00	<b>\$19.00</b>
Vision Insurance	\$10.32	\$5.16	<b>\$5.16</b>

**Family Coverage**

Medical Insurance	\$1,770.00	\$708.00	<b>\$1,062.00</b>
Dental Insurance	\$98.00	\$39.20	<b>\$58.80</b>
Vision Insurance	\$24.00	\$9.60	<b>\$14.40</b>

Board incurs 50% of all insurance benefit premiums for single coverage; 40% for family coverage.

**5 - 6 HOUR EMPLOYEES (25.01 - 29.99 hours per week)****Single Coverage**

Medical Insurance	\$660.00	\$462.00	<b>\$198.00</b>
Dental Insurance	\$38.00	\$26.60	<b>\$11.40</b>
Vision Insurance	\$10.32	\$7.22	<b>\$3.10</b>

**Family Coverage**

Medical Insurance	\$1,770.00	\$1,062.00	<b>\$708.00</b>
Dental Insurance	\$98.00	\$58.80	<b>\$39.20</b>
Vision Insurance	\$24.00	\$14.40	<b>\$9.60</b>

Board incurs 70% of all insurance benefit premiums for single coverage; 60% for family coverage.

**6 - 8 HOUR EMPLOYEES (30.00 - 40.00 hours per week)****Single Coverage**

Medical Insurance	\$660.00	\$594.00	<b>\$66.00</b>
Dental Insurance	\$38.00	\$34.20	<b>\$3.80</b>
Vision Insurance	\$10.32	\$9.32	<b>\$1.00</b>

**Family Coverage**

Medical Insurance	\$1,770.00	\$1,416.00	<b>\$354.00</b>
Dental Insurance	\$98.00	\$78.40	<b>\$19.60</b>
Vision Insurance	\$24.00	\$19.20	<b>\$4.80</b>

Board incurs 90% of all insurance benefit premiums for single coverage; 80% for family coverage.

**OLENTANGY LOCAL SCHOOLS  
HEALTH INSURANCE PREMIUMS  
PART-TIME & JOB SHARING  
12/1/2017 - 11/30/2018**

<b>TRADITIONAL PPO</b>	<b>Total Premium Per Month</b>	<b>Board Share Per Month</b>	<b>Employee Share Per Month</b>
<b>Single Coverage</b>			
Medical Insurance	\$820.00	\$656.00	<b>\$164.00</b>
Dental Insurance	\$38.00	\$30.40	<b>\$7.60</b>
Vision Insurance	\$10.32	\$8.32	<b>\$2.00</b>
<b>Family Coverage</b>			
Medical Insurance	\$2,210.00	\$884.00	<b>\$1,326.00</b>
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