

**West Branch Local School District Insurance Plans for Fulltime Certificated Staff  
17-18 Contribution**

FULLTIME CERTIFICATED EMPLOYEE	Mahoning Health Plan	
	Network	Non-Network
Deductible	300/600	600/1,200
Out of Pocket Limit	500/1,000	1,250/2,500

**PREMIUMS ARE STATED PER MONTH AMOUNTS: Employee share is 12.5% for Medical, Dental and Vision**

Anthem Blue Cross/BlueShield	Premium	Employee	
		Share	Board Share
Employee	684.94	\$ 85.62	\$ 599.32
Employee & Spouse	1438.30	\$ 179.79	\$ 1,258.51
Employee & Children	1164.36	\$ 145.55	\$ 1,018.81
Family	1,917.75	\$ 239.72	\$ 1,678.03

Benefit period runs from January 1st through December 31st of each year.

All contributions for health insurance will be split between the 1st and 2nd pay of the month.

Medical Mutual- DENTAL			Anthem- Vision				
	Premium	Employee Share	Board Share		Premium	Employee Share	Board Share
Premium:family	75.55	\$ 9.44	\$ 66.11	Employee	4.82	\$ 0.60	\$ 4.22
single	32.89	\$ 4.11	\$ 28.78	Emp/SP	9.64	\$ 1.21	\$ 8.43
				Emp/Ch	8.66	\$ 1.08	\$ 7.58
				Family	14.44	\$ 1.81	\$ 12.63

<b>Life:One America</b>	100% covered	
40,000 policy	4.20	0
		* See price sheet for extra insurance

Dental, Life and Vision is withheld the 1st payroll of each month.