

West Branch Local School District Insurance Plans for Fulltime Classified.

17-18 Contribution

FULLTIME 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 , Vision and Dental

Anthem Blue Cross/Blue Shield	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	Premium	Employee		Anthem - Vision	Employee		
		Share	Board Share		Premium	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

Life:One America	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.