

**West Branch Local School District Insurance Plans for employees that are not fulltime Classified staff.**

As of 7/1/2006 any employee hired for 25-39.99 hours per week will pay 20% of premium.

Employee only plans will be 12.5% of medical premium.

Anyone hired under 25 hours is not eligible for insurance.

**17-18 Contribution**

		<b>Mahoning Health Plan</b>	
		Network	Non-Network
Deductible		300/600	600/1,200
Out of Pocket Limit		500/1,000	1,250/2,500

<b>Anthem Blue Cross/Blue Shield</b>		<u>Premium</u>	<u>Employee</u>	
			<u>Share</u>	<u>Board Share</u>
Employee		684.94	\$ 85.62	\$ 599.32
Employee & Spouse		1438.30	\$ 287.66	\$ 1,150.64
Employee & Children		1164.36	\$ 232.87	\$ 931.49
Family		1,917.75	\$ 383.55	\$ 1,534.20

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.

<b>Medical Mutual- DENTAL</b>	<u>Premium</u>	<u>Employee</u>		<b>Anthem -Vision</b>	<u>Premium</u>	<u>Employee</u>	
		<u>Share</u>	<u>Board Share</u>			<u>Share</u>	<u>Board Share</u>
Premium:family	75.55	\$ 15.11	\$ 60.44	Employee	4.82	\$ 0.60	\$ 4.22
single	32.89	\$ 6.58	\$ 26.31	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>	<u>Premium</u>	<u>Employee</u>	
		<u>Share</u>	<u>Board Share</u>
40,000 policy	4.20	\$ 0.84	\$ 3.36

Dental, Vision and Life insurance premiums are withheld from the first payroll of each month.