

SHORELINE SCHOOL DISTRICT 2009-2010 Monthly Insurance Premiums

NEW RATES IN EFFECT 10/1/09 - 9/30/10

PREMERA PLAN 1	New Rate	Old Rate
Employee	\$635.35	\$591.50
Employee and Spouse	\$1,234.10	\$1,148.80
Employee and Child(ren)	\$888.85	\$827.45
Employee and Family	\$1,487.60	\$1,384.75

PREMERA PLAN 5 - FOUNDATIO	New Rate	Old Rate
Employee	\$570.00	\$530.70
Employee and Spouse	\$1,156.00	\$1,076.10
Employee and Child(ren)	\$812.45	\$756.35
Employee and Family	\$1,398.45	\$1,301.70

PREMERA PLAN 2	New Rate	Old Rate
Employee	\$555.95	\$517.60
Employee and Spouse	\$1,076.55	\$1,002.15
Employee and Child(ren)	\$776.50	\$722.90
Employee and Family	\$1,297.10	\$1,207.50

PREMERA EASY CHOICE PLAN	New Rate
Employee	\$403.85
Employee and Spouse	\$781.85
Employee and Child(ren)	\$563.95
Employee and Family	\$941.95

NEW PLAN
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PREMERA PLAN 3	New Rate	Old Rate
Employee	\$497.35	\$463.05
Employee and Spouse	\$963.30	\$896.75
Employee and Child(ren)	\$694.80	\$646.85
Employee and Family	\$1,160.75	\$1,080.55

GROUP HEALTH	New Rate	Old Rate
Employee	\$567.69	\$524.44
Employee and Spouse	\$1,098.40	\$1,014.71
Employee and Child(ren)	\$792.57	\$732.18
Employee and Family	\$1,323.30	\$1,222.48

DENTAL	New Rate	Old Rate
Washington Dental Service	\$117.45	\$111.20
Washington Dental Managed Care	\$64.14	\$64.14
Willamette Dental of Washington	\$73.05	\$71.75

VISION	New Rate	Old Rate
Northwest Benefit Network	\$16.00	\$15.00

LONG TERM DISABILITY	New Rate	Old Rate
Low Risk: <i>Certificated, and all classified groups not listed below.</i>	\$19.21	\$19.21
High Risk: <i>Bus Drivers, Mechanics, Warehouse/Grounds, Custodians, Maintenance, Crossing Guards</i>	\$21.71	\$21.71

LIFE INSURANCE	New Rate	Old Rate
Standard Life	\$6.40	\$6.40
Additional Life (Life x 2)	\$10.82	\$9.90

See back of sheet for side by side comparison of medical plans.

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2009-2010 Monthly Insurance Premiums

NEW RATES IN EFFECT 10/1/09 - 9/30/10

SIDE BY SIDE COMPARISON OF MEDICAL PLAN RATES

Listed from most expensive to least expensive.

	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
PREMERA PLAN 1	\$635.35	\$1,234.10	\$888.85	\$1,487.60
PREMERA PLAN 5	\$570.00	\$1,156.00	\$812.45	\$1,398.45
GROUP HEALTH	\$567.69	\$1,098.40	\$792.57	\$1,323.30
PREMERA PLAN 2	\$555.95	\$1,076.55	\$776.50	\$1,297.10
PREMERA PLAN 3	\$497.35	\$963.30	\$694.80	\$1,160.75
PREMERA EASY CHOICE	\$403.85	\$781.85	\$563.95	\$941.95