

SHORELINE SCHOOL DISTRICT 2011-2012 Monthly Insurance Premiums

NEW RATES IN EFFECT 10/1/11 - 9/30/12

PREMERA PLAN 1	New Rate	Old Rate
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Employee	\$806.15	\$719.80
Employee and Spouse	\$1,531.15	\$1,398.45
Employee and Child(ren)	\$1,113.10	\$1,007.15
Employee and Family	\$1,838.10	\$1,685.80

PREMERA PLAN 5 - FOUNDATION	New Rate	Old Rate
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Employee	\$723.15	\$645.75
Employee and Spouse	\$1,432.70	\$1,309.90
Employee and Child(ren)	\$1,016.75	\$920.55
Employee and Family	\$1,726.30	\$1,584.70

PREMERA PLAN 2	New Rate	Old Rate
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Employee	\$617.95	\$629.80
Employee and Spouse	\$1,166.15	\$1,219.85
Employee and Child(ren)	\$850.20	\$879.80
Employee and Family	\$1,398.40	\$1,469.85

PREMERA EASY CHOICE A, B & C	New Rate	Old Rate
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Employee	\$421.55	\$457.45
Employee and Spouse	\$793.85	\$885.85
Employee and Child(ren)	\$579.25	\$638.90
Employee and Family	\$951.55	\$1,067.30

PREMERA PLAN 3	New Rate	Old Rate
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Employee	\$552.80	\$563.40
Employee and Spouse	\$1,043.45	\$1,091.50
Employee and Child(ren)	\$760.75	\$787.20
Employee and Family	\$1,251.40	\$1,315.30

GROUP HEALTH	New Rate	Old Rate
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Employee	\$688.12	\$648.99
Employee and Spouse	\$1,331.40	\$1,255.69
Employee and Child(ren)	\$960.69	\$906.07
Employee and Family	\$1,604.02	\$1,512.81

DENTAL	New Rate	Old Rate
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Washington Dental Service-CORE	\$111.05	\$114.45
Washington Dental Managed Care	\$68.85	\$68.85
Willamette Dental of Washington	\$76.65	\$73.05

VISION	New Rate	Old Rate
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Northwest Benefit Network	\$16.00	\$16.00
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LONG TERM DISABILITY	New Rate	Old Rate
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Low Risk: <i>Certificated, and all classified groups not listed below.</i>	\$23.05	\$23.05
High Risk: <i>Bus Drivers, Mechanics, Warehouse/Grounds, Custodians, Maintenance, Crossing Guards</i>	\$26.05	\$26.05

LIFE INSURANCE	New Rate	Old Rate
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Standard Life	\$7.10	\$7.10
Additional Life (Life x 2)	\$10.82	\$10.82

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

SHORELINE SCHOOL DISTRICT
2011-2012 Monthly Insurance Premiums

NEW RATES IN EFFECT 10/1/11 - 9/30/12

2011-2012
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	\$806.15	\$1,531.15	\$1,113.10	\$1,838.10
PREMERA PLAN 5	\$723.15	\$1,432.70	\$1,016.75	\$1,726.30
GROUP HEALTH	\$688.12	\$1,331.40	\$960.69	\$1,604.02
PREMERA PLAN 2	\$617.95	\$1,166.15	\$850.20	\$1,398.40
PREMERA PLAN 3	\$552.80	\$1,043.45	\$760.75	\$1,251.40
PREMERA EASY CHOICE	\$421.55	\$793.85	\$579.25	\$951.55
