

Personnel Committee Meeting

Tuesday, October 29, 2019 7:00 AM

District Conference Room
1322 Avenue I
Gothenburg, NE 69138

Agenda

1. 2020-2021 Negotiations
 1. EHA rates for the 2020-2021 school year.
 2. Settlements
2. Elementary custodial position
3. Para-professional position

\$1,050 Deductible 2019-2020	Month	Year	FTE	Cost
Employee	\$ 668.50	\$ 8,022.00	7	\$ 56,154.00
Employee/Spouse	\$ 1,372.00	\$ 16,464.00	13	\$ 214,032.00
Employee/Children	\$ 1,212.12	\$ 14,545.44	2	\$ 29,090.88
Family	\$ 1,832.32	\$ 21,987.84	41	\$ 901,501.44
TOTAL COST			63	\$ 1,200,778.32

\$1,050 Deductible 2020-2021	Month	Year	FTE	Cost
Employee	\$ 713.66	\$ 8,563.92	7	\$ 59,947.44
Employee/Spouse	\$ 1,466.19	\$ 17,594.28	13	\$ 228,725.64
Employee/Children	\$ 1,295.17	\$ 15,542.04	2	\$ 31,084.08
Family	\$ 1,958.59	\$ 23,503.08	41	\$ 963,626.28
TOTAL COST			63	\$ 1,283,383.44

Diff +/- \$ 82,605.12

Educators Health Alliance
Renewal Rates for Health, Dental, and Dual Choice Options
Effective September 1, 2020
Standard Rates Only (Excluding Discounts or Surcharges)

Health Coverage - Active Employees	Renewal Rates -- Standard			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
\$650 Deductible	\$721.50	\$1,334.80	\$1,515.16	\$2,034.47
\$850 Deductible	\$702.02	\$1,298.75	\$1,474.25	\$1,979.54
\$1,050 Deductible	\$684.12	\$1,265.63	\$1,436.65	\$1,929.05
\$1,200 Deductible	\$672.50	\$1,244.11	\$1,412.23	\$1,896.26
\$1,450 Deductible	\$661.04	\$1,222.98	\$1,388.20	\$1,864.01
\$1,900 Deductible	\$633.26	\$1,171.57	\$1,329.86	\$1,785.67
\$4,000 Deductible HSA-Eligible	\$513.07	\$949.22	\$1,077.49	\$1,446.77
\$2,500 Deductible (Dual Choice Only)	\$577.20	\$1,067.85	\$1,212.14	\$1,627.59
\$3,600 Deductible HSA-Eligible (Dual Choice Only)	\$577.20	\$1,067.85	\$1,212.14	\$1,627.59

Health Coverage - Retirees	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
\$1,050 Deductible	\$752.52	\$1,334.01	\$1,580.28	\$1,997.60
\$4,000 Deductible HSA-Eligible	\$564.40	\$1,000.51	\$1,185.23	\$1,498.19
\$2,500 Deductible	\$634.94	\$1,125.53	\$1,333.33	\$1,685.41
\$3,600 Deductible HSA-Eligible	\$634.94	\$1,125.53	\$1,333.33	\$1,685.41

Dental Coverage	Renewal Rates			
	Employee	Ee & Child(ren)	Ee & Spouse	Ee, Spouse & Child(ren)
100% A, 75% B Coverage - Option 1	\$27.42	\$50.71	\$57.55	\$77.31
100% A, 80% B, 70% C Coverage - Option 3	\$58.22	\$107.74	\$122.27	\$164.19
PPO - 100% A, 75% B, 50% C Coverage - Option 2	\$29.54	\$54.61	\$62.00	\$83.29
PPO - 100% A, 80% B, 80% C, 50% D Coverage - Option 4	\$53.01	\$98.07	\$111.34	\$149.53
PPO - 100% A, B, & C Coverage - Option 5	\$58.01	\$107.33	\$121.85	\$163.64