

PUTNAM COUNTY SCHOOL BOARD
GROUP HEALTH PROGRAM
2014-2015 Plan Year
EFFECTIVE January 1, 2015
Summary of Benefits

The School Board contributes **\$450.00** per employee per month, toward **one** of the following plans. You must select either the group health insurance, weekly disability, or hospital indemnity plan.

There is a monthly employee contribution for the health insurance. The monthly contribution is taken out in 10-month payroll deductions for 12-month coverage. Monthly/semi-monthly Employee Contributions are as follows:

Plan	"A" 03559/ 001 Blue Options		"B" 03359/ 003 Blue Options		"C" 05360/ 004 Blue Options		"D" 03160/ 005/006 Blue Options	
	Pd 1 x month	Pd 2x month	Pd 1x month	Pd 2x month	Pd 1x month	Pd 2x month	Pd 1x month	Pd 2x month
Employee	\$476.45	\$238.23	\$416.93	\$208.47	\$216.85	\$108.43	\$103.32	\$51.66
Emp/Child(ren)	\$1,203.76	\$601.88	\$1,091.82	\$545.91	\$803.70	\$401.85	\$590.24	\$295.12
Emp/Spouse	\$1,360.73	\$680.37	\$1,237.59	\$618.80	\$930.42	\$465.21	\$695.38	\$347.69
Family	\$2,273.94	\$1,136.97	\$2,085.00	\$1,042.50	\$1,667.27	\$833.64	\$1,306.80	\$653.40
Husband and Wife work for school	\$1,010.73	\$505.37	\$887.59	\$443.80	\$580.42	\$290.21	\$345.38	\$172.69
Husband and Wife with child(ren) work for school	\$1,923.94	\$961.97	\$1,735.00	\$867.50	\$1,317.27	\$658.64	\$956.80	\$478.40

IMPORTANT!! You have thirty (30) calendar days from your date of hire to have all insurance applications submitted into the District Insurance Office. Failure to comply will make you ineligible for benefits, except through Special Enrollment (see enclosed Notification of Special Enrollment Rights).

If you are adding child(ren) and/or spouse, we require copies of birth certificates. If you are married, you will also be required to provide a copy of your marriage license in order to add your spouse.

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10-14
06-15

**PUTNAM COUNTY SCHOOL BOARD
GROUP HEALTH PROGRAM
RETIREES**

2014-2015 Plan Year

EFFECTIVE January 1, 2015

Summary of Benefits

Retiree Plan	"A" 03559/ R001		"B" 03359/ R003		"C" 05360/ R004		"D" 03160/03161 R005/R006	
	<u>Blue Options</u>		<u>Blue Options</u>		<u>Blue Options</u>		<u>HDHP</u>	
	10 months	12 months	10 months	12 months	10 months	12 months	10 months	12 months
Employee	\$826.45	\$688.71	\$766.93	\$639.11	\$566.85	\$472.38	\$453.32	\$377.77
Emp/Child(ren)	\$1,553.76	\$1,294.80	\$1,441.82	\$1,201.52	\$1,153.70	\$961.42	\$940.24	\$783.53
Emp/Spouse	\$1,710.73	\$1,425.61	\$1,587.59	\$1,322.99	\$1,280.42	\$1,067.02	\$1,045.38	\$871.15
Family	\$2,623.94	\$2,186.62	\$2,435.00	\$2,029.17	\$2,017.27	\$1,681.06	\$1,656.80	\$1,380.67

Employee	BlueMedicare	Pd 12 months
	Advantage Over 65	
		\$299.23