

KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.

Insurance Rates Effective December 9, 2022 for coverage on January 1, 2023
(5% increase)

**CERTIFICATED EMPLOYEES
ADMINISTRATORS AND SUPPORT ADM
(Board pays 85%)**

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST \$ 914.00									
6 hrs (full-time)	100.00%	776.90	388.45	137.10	68.55	2,013.72	1,006.86	355.36	177.68
5.6	80.0%	621.52	310.76	292.48	146.24	1,610.98	805.49	758.10	379.05
5.25	75.0%	582.68	291.34	331.32	165.66	1,510.30	755.15	858.78	429.39
5	71.4%	554.72	277.36	359.28	179.64	1,437.80	718.90	931.28	465.64
4.78	68.3%	530.64	265.32	383.36	191.68	1,375.38	687.69	993.70	496.85
4.67	66.7%	518.20	259.10	395.80	197.90	1,343.16	671.58	1,025.92	512.96
4.2	60.0%	466.14	233.07	447.86	223.93	1,208.24	604.12	1,160.84	580.42
4	57.1%	443.62	221.81	470.38	235.19	1,149.84	574.92	1,219.24	609.62
3.5	50.0%	388.46	194.23	525.54	262.77	1,006.86	503.43	1,362.22	681.11
3	42.9%	333.30	166.65	580.70	290.35	863.90	431.95	1,505.18	752.59
2.8	40.0%	310.76	155.38	603.24	301.62	805.50	402.75	1,563.58	781.79
COBRA HEALTH									2,416.44

**(EPC) DELTA Dental Plan
Insurance Rates Effective December 9, 2022 for coverage on January 1, 2023
(1.5% increase)**

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST \$ 43.32									
6 hrs (full-time)	100.00%	36.84	18.42	6.48	3.24	109.92	54.96	19.38	9.69
5.6	80.0%	29.48	14.74	13.84	6.92	87.94	43.97	41.36	20.68
5.25	75.0%	27.64	13.82	15.68	7.84	82.44	41.22	46.86	23.43
5	71.4%	26.32	13.16	17.00	8.50	78.50	39.25	50.80	25.40
4.78	68.3%	25.18	12.59	18.14	9.07	75.08	37.54	54.22	27.11
4.67	66.7%	24.58	12.29	18.74	9.37	73.32	36.66	55.98	27.99
4.2	60.0%	22.12	11.06	21.20	10.60	65.96	32.98	63.34	31.67
4	57.1%	21.04	10.52	22.28	11.14	62.78	31.39	66.52	33.26
3.5	50.0%	18.42	9.21	24.90	12.45	54.96	27.48	74.34	37.17
3	42.9%	15.82	7.91	27.50	13.75	47.16	23.58	82.14	41.07
2.8	40.0%	14.74	7.37	28.58	14.29	43.98	21.99	85.32	42.66
COBRA DENTAL									131.87

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(5% increase)

CLASSIFIED EMPLOYEES (Board pays 85%)

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST		\$ 914.00				\$ 2,369.08			
6 hours (full-time)	100.00%	776.90	388.45	137.10	68.55	2,013.72	1,006.86	355.36	177.68
5 1/4 - 5 3/4	91.0%	706.98	353.49	207.02	103.51	1,832.50	916.25	536.58	268.29
4 1/4 - 5	77.0%	598.22	299.11	315.78	157.89	1,550.58	775.29	818.50	409.25
3 1/4 - 4	62.0%	481.68	240.84	432.32	216.16	1,248.52	624.26	1,120.56	560.28
Effective August 1, 2006, new employees working less than 3 1/4 hours per day are not eligible for health benefits. (see contract details)									
2 1/4 - 3	47.0%	365.16	182.58	548.84	274.42	946.46	473.23	1,422.62	711.31
0 - 2 hours	32.0%	248.62	124.31	665.38	332.69	644.40	322.20	1,724.68	862.34
COBRA HEALTH				932.29				2,416.44	

(EPC) DELTA Dental Plan

Insurance Rates Effective December 9, 2022 for coverage on January 1, 2023
(1.5% increase)

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST		\$ 43.32				\$ 129.30			
6 hours (full-time)	100.00%	36.84	18.42	6.48	3.24	109.92	54.96	19.38	9.69
5 1/4 - 5 3/4	91.0%	33.54	16.77	9.78	4.89	100.04	50.02	29.26	14.63
4 1/4 - 5	77.0%	28.38	14.19	14.94	7.47	84.64	42.32	44.66	22.33
3 1/4 - 4	62.0%	22.84	11.42	20.48	10.24	68.16	34.08	61.14	30.57
Effective August 1, 2006, new employees working less than 3 1/4 hours per day are not eligible for dental benefits. (see contract details)									
2 1/4 - 3	47.0%	17.32	8.66	26.00	13.00	51.68	25.84	77.62	38.81
0 - 2 hours	32.0%	11.80	5.90	31.52	15.76	35.18	17.59	94.12	47.06
COBRA DENTAL				44.20				131.87	