

Columbia Public School District

2023 Benefit Premium Rates

Biweekly Paid Employees: If you work 12 months, premiums are deducted 24 times per year.

If you work 9, 10, or 11 months, premiums are deducted 18 times per year.

Medical - UMR

	Basic (PPO) Plan Monthly	24 Biweekly Deduction	18 Biweekly Deduction	Plus (HDHP) Plan Monthly	24 Biweekly Deduction	18 Biweekly Deduction
Full-time* employee (District-Paid)	\$663.00	\$331.50	\$442.00	\$607.00	\$303.50	\$404.67
Part-time employee (Employee Cost)	\$93.00	\$46.50	\$62.00	\$85.00	\$42.50	\$56.67
Spouse/Domestic Partner	\$663.00	\$331.50	\$442.00	\$607.00	\$303.50	\$404.67
One Child	\$299.00	\$149.50	\$199.34	\$274.00	\$137.00	\$182.67
Children (2+)	\$518.00	\$259.00	\$345.34	\$474.00	\$237.00	\$316.00
Spouse/Domestic Partner and One Child	\$962.00	\$481.00	\$641.34	\$881.00	\$440.50	\$587.34
Spouse/Domestic Partner and Children	\$1,181.00	\$590.50	\$787.34	\$1,081.00	\$540.50	\$720.67

Dental - Delta Dental

	Monthly	24 Biweekly Deduction	18 Biweekly Deduction
Full-time* employee only (District-Paid)	\$31.00	\$15.50	\$20.67
Part-time employee (30-34 hours)	\$4.34	\$2.17	\$2.90
Spouse/Domestic Partner	\$31.00	\$15.50	\$20.67
Children (2+)	\$49.00	\$24.50	\$32.67
Family (Spouse/DP and Children)	\$80.00	\$40.00	\$53.34

Life - NYL

	Monthly	24 Biweekly Deduction	18 Biweekly Deduction
\$25,000 Full-time* employee (District-Paid)	\$2.50	\$1.25	\$1.67
\$25,000 Part-time employee (20-34 hours)	\$1.00	\$0.50	\$0.67

*Full time = 35 or more hours per week

2023 Voluntary Benefits

Biweekly Paid Employees: If you work 12 months, premiums are deducted 24 times per year.

If you work 9, 10, or 11 months, premiums are deducted 18 times per year.

Vision - Eyemed	Monthly	24 Biweekly Deduction	18 Biweekly Deduction
	Employee	\$5.43	\$2.71
Employee + Spouse/DP	\$10.87	\$5.43	\$7.24
Employee + Child(ren)	\$17.38	\$8.69	\$11.58
Employee + Spouse/DP + Child(ren)	\$20.12	\$10.06	\$13.41

Accident - Hartford

	Monthly		24 Biweekly Deduction		18 Biweekly Deduction	
	Mid	High	Mid	High	Mid	High
Employee Only	\$7.98	\$11.07	\$3.68	\$5.11	\$5.32	\$7.38
Employee + Spouse/Domestic Partner	\$12.56	\$17.44	\$5.80	\$8.05	\$8.37	\$11.62
Employee + Child(ren)	\$13.67	\$18.87	\$6.31	\$8.71	\$9.11	\$12.58
Employee + Family	\$21.37	\$29.53	\$9.86	\$13.63	\$14.24	\$19.68

Hospital Indemnity - Hartford

	Monthly		24 Biweekly Deduction		18 Biweekly Deduction	
	Mid	High	Mid	High	Mid	High
Employee Only	\$14.48	\$25.51	\$6.68	\$11.77	\$9.65	\$17.00
Employee + Spouse/Domestic Partner	\$27.21	\$47.82	\$12.56	\$22.07	\$18.14	\$31.88
Employee + Child(ren)	\$27.53	\$48.03	\$12.71	\$22.17	\$18.35	\$32.02
Employee + Family	\$42.41	\$74.07	\$19.57	\$34.19	\$28.27	\$49.38

Supplemental Life - NYL

Age	Employee Cost per \$10,000 Unit	Spouse Cost per \$5,000 Unit. (SP rate based on employee age).
0-29	\$0.35	\$0.18
30-34	\$0.45	\$0.23
35-39	\$0.54	\$0.27
40-44	\$0.73	\$0.37
45-49	\$1.04	\$0.52
50-54	\$1.59	\$0.80
55-59	\$2.92	\$1.46
60-64	\$4.98	\$2.49
65-99	\$10.36	\$5.18

Child cost per \$1,000 unit = \$0.148 (\$10,000 maximum per child)

To figure 12 Month Biweekly Deduction, take the rate based on age x number of units x 12 then / by 24.

To figure 9,10 11 Month Biweekly Deduction, take the rate based on age x number of units x 12 then / by 18.