



Riverside Elementary School District No. 2 2020-2021 Group Insurance Benefit Premiums

The District will pay the premium rates for the employee's Medical (Value Silver Plan), Dental, Vision and Basic Life Insurance coverage. Costs that are the responsibility (dependent coverage & buy-up) of the employee will be deducted through 22 payroll deductions beginning with the payroll of August 7, 2020 and ending on May 28, 2020.

MEDICAL

Aetna/Banner Aetna	Rate	R.E.S.D. Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate <small>(22 pays)</small>
Banner Co-Pay Gold				
Employee Only	\$890.00	\$695.00	\$195.00	\$106.37
Employee + Spouse	\$1,781.00	\$695.00	\$1,086.00	\$592.37
Employee + 1 Child	\$1,781.00	\$695.00	\$1,086.00	\$592.37
Employee + Family (including Employee+Children)	\$2,386.00	\$695.00	\$1,691.00	\$922.37
Banner Classic Silver				
Employee Only	\$775.00	\$695.00	\$80.00	\$43.64
Employee + Spouse	\$1,551.00	\$695.00	\$856.00	\$466.91
Employee + 1 Child	\$1,551.00	\$695.00	\$856.00	\$466.91
Employee + Family (including Employee+Children)	\$2,077.00	\$695.00	\$1,382.00	\$753.82
Banner Value Silver				
Employee Only	\$695.00	\$695.00	\$0.00	\$0.00
Employee + Spouse	\$1,392.00	\$695.00	\$697.00	\$380.19
Employee + 1 Child	\$1,392.00	\$695.00	\$697.00	\$380.19
Employee + Family (including Employee+Children)	\$1,861.00	\$695.00	\$1,166.00	\$636.00

DENTAL - Delta Dental

Delta Dental	Rate	R.E.S.D. Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate <small>(22 pays)</small>
Employee Only	\$36.68	\$36.68	\$0.00	\$0.00
Employee + Spouse	\$76.61	\$36.68	\$39.93	\$21.78
Employee + 1 Child	\$90.76	\$36.68	\$54.08	\$29.50
Employee + Children	\$90.76	\$36.68	\$54.08	\$29.50
Employee + Family	\$148.61	\$36.68	\$111.93	\$61.05

VISION - Delta Vision

Eye Med - Delta Vision	Rate	R.E.S.D. Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate <small>(22 pays)</small>
Employee Only	\$6.06	\$6.06	\$0.00	\$0.00
Employee + Spouse	\$12.13	\$6.06	\$6.07	\$3.31
Employee + 1 Child	\$11.83	\$6.06	\$5.77	\$3.15
Employee + Children	\$11.83	\$6.06	\$5.77	\$3.15
Employee + Family	\$18.50	\$6.06	\$12.44	\$6.79

LIFE

**Term Life &
Accidental Death/Dismemberment**
Employee Only

Rate
\$0.00 (Paid by RESD)

The amount of insurance is a \$40,000 policy per employee.

Supplemental Life

Employee

Spouse

Child(ren)

Benefit Amounts

\$10,000 to \$500,000

1/2 of Employee Amount
up to \$100,000

\$1,000 to \$10,000

Per Paycheck Rate (22 pays)

Based on benefit amount & age, see calculation sheet in Benefit Packet

Short Term Disability

Per Paycheck Rate (22 pays)

Employee Only

Based on annual salary & age

The weekly benefit will be 60% of your weekly pre-disability earning, up to a maximum of \$1,000 (calculated at 22 pays regardless if your paid on 26 pays)

PET

United Pet Care	Rate	R.E.S.D. Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate (22 pays)
1 Pet	\$11.66	\$0.00	\$11.66	\$6.36
2 Pets	\$22.24	\$0.00	\$22.24	\$12.13
3 Pets	\$32.58	\$0.00	\$32.58	\$17.77
4 Pets	\$42.78	\$0.00	\$42.78	\$23.33

If you have any questions, please contact Human Resources:

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