

2014/2015 Rates

All Units (excluding retirees)	Single	2-Party	Family
Plan A (\$1,300/\$2,600) HSA Compliant) (\$5,000/\$10,000)	\$ 509.00	\$ 1,019.00	\$1,454.00
Plan B (\$2,500/\$5,000 HSA Compliant) (6,350/\$12,700)	\$ 456.00	\$ 913.00	\$1,303.00
Plan G (\$500/\$1,000) (\$1,000/\$3,000)	\$ 600.00	\$1,165.00	\$1,631.00
Plan E (\$300/\$600) (\$2,000/\$4,000)	\$ 631.00	\$1,227.00	\$1,719.00
2 TIER ANCHOR BRONZE (\$5000/\$10000) (6350/12700) Employee and Dependent Children only. No Dental or Vision Insurance	\$ 402.00	\$ 797.00	\$ 797.00
Dental – Composite	\$ 120.00	Single/2-Party/Family	
Dental with Orthodontic-Composite	\$ 133.80	Single/2-Party/Family	
Vision-Composite	\$ 25.50	Single/2-Party/Family	

FRTA MODIFIED RATES

Rates listed below are monthly expenses/deductions for FRTA members. Price includes Medical, Dental, Vision and Life Insurance.

	Single	2-Party	Family
Plan A (\$1,250/2,500 HSA Compliant)	\$ 72.08	\$ 412.30	\$ 752.52
Plan B (\$2,500/\$5,000 HAS Compliant)	\$ 0.00	\$ 268.49	\$ 560.78
Plan G (\$500/\$1,000)	\$ 219.39	\$ 633.27	\$1,047.15
Plan E (\$300/\$600)	\$ 261.48	\$ 696.40	\$1,131.32
2 Tier Anchor Bronze (6,350/12,700)	\$ 0.00	\$ 109.77	\$ 197.45

Prescription Drug Plan 7-25

Copays:	Retail	Mail
Generic	\$ 7.00	\$ 14.00
Brand	\$ 25.00	\$ 60.00

Plans A & B – Prescription Drug Plan does not take effect until the Insurance Co-Pay has been met.

Per SISC:

“The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member’s responsibility for deductibles, copays, coinsurance, etc.”