



EXHIBIT "A"

FY23 Health Plan Premium Equivalent Rates

Meade

Billing Unit 061A

Increase: 4%

<u>Plan Name:</u>	<u>Plan Design</u>	<u>FY23 Active Rates</u>	<u>FY23 COBRA Rates</u>	<u>FY23 Retiree Rates</u>
Plan 2 - \$1,500 PPO 1ZH	<u>\$1,500 / \$3,000</u>			
Single		\$567.00	\$578.00	\$596.00
Employee + 1		\$1,077.00	\$1,099.00	\$1,132.00
Employee and Dependents		\$908.00	\$926.00	\$954.00
Family		\$1,418.00	\$1,446.00	\$1,489.00
Plan 3 - \$2,000 PPO 1ZK	<u>\$2,000 / \$4,000</u>			
Single		\$549.00	\$560.00	\$577.00
Employee + 1		\$1,041.00	\$1,062.00	\$1,094.00
Employee and Dependents		\$877.00	\$895.00	\$921.00
Family		\$1,370.00	\$1,397.00	\$1,438.00
Plan 8 - \$5,000 PPO 22S	<u>\$5,000 / \$10,000</u>			
Single		\$441.00	\$450.00	\$464.00
Employee + 1		\$836.00	\$853.00	\$879.00
Employee and Dependents		\$705.00	\$719.00	\$740.00
Family		\$1,100.00	\$1,122.00	\$1,155.00

12 Month Full-Time Employee Benefit Costs

Meade School District Insurance Rates 2021-2022			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single			
\$ 5,000.00	\$ 424.00	\$ 424.00	\$ -
\$ 2,000.00	\$ 528.00	\$ 517.00	\$ 11.00
\$ 1,500.00	\$ 545.00	\$ 517.00	\$ 28.00
Employee + Spouse			
\$ 5,000.00	\$ 804.00	\$ 517.00	\$ 287.00
\$ 2,000.00	\$ 1,001.00	\$ 517.00	\$ 484.00
\$ 1,500.00	\$ 1,036.00	\$ 517.00	\$ 519.00
Employee + Dependents			
\$ 5,000.00	\$ 678.00	\$ 517.00	\$ 161.00
\$ 2,000.00	\$ 843.00	\$ 517.00	\$ 326.00
\$ 1,500.00	\$ 873.00	\$ 517.00	\$ 356.00
Family			
\$ 5,000.00	\$ 1,058.00	\$ 517.00	\$ 541.00
\$ 2,000.00	\$ 1,317.00	\$ 517.00	\$ 800.00
\$ 1,500.00	\$ 1,363.00	\$ 517.00	\$ 846.00
Dental Insurance Rates			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single	\$ 49.90	\$ -	\$ 49.90
Employee/Spouse	\$ 97.38	\$ -	\$ 97.38
Employee/Child	\$ 94.86	\$ -	\$ 94.86
Family	\$ 135.02	\$ -	\$ 135.02
Vision Insurance Rates			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single	\$ 10.71	\$ -	\$ 10.71
Employee/Spouse	\$ 21.42	\$ -	\$ 21.42
Employee/Child	\$ 23.57	\$ -	\$ 23.57
Family	\$ 34.26	\$ -	\$ 34.26

*Fall 2017 full benefit 9 month employees

12 Month Full-Time Employee Benefit Costs

Meade School District Insurance Rates 2022-2023			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single			
\$ 5,000.00	\$ 441.00	\$ 424.00	\$ -
\$ 2,000.00	\$ 549.00	\$ 517.00	\$ 32.00
\$ 1,500.00	\$ 567.00	\$ 517.00	\$ 50.00
Employee + Spouse			
\$ 5,000.00	\$ 836.00	\$ 517.00	\$ 319.00
\$ 2,000.00	\$ 1,041.00	\$ 517.00	\$ 524.00
\$ 1,500.00	\$ 1,077.00	\$ 517.00	\$ 560.00
Employee + Dependents			
\$ 5,000.00	\$ 705.00	\$ 517.00	\$ 188.00
\$ 2,000.00	\$ 877.00	\$ 517.00	\$ 360.00
\$ 1,500.00	\$ 908.00	\$ 517.00	\$ 391.00
Family			
\$ 5,000.00	\$ 1,100.00	\$ 517.00	\$ 583.00
\$ 2,000.00	\$ 1,370.00	\$ 517.00	\$ 853.00
\$ 1,500.00	\$ 1,418.00	\$ 517.00	\$ 901.00
Dental Insurance Rates			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single	\$ 49.90	\$ -	\$ 49.90
Employee/Spouse	\$ 97.38	\$ -	\$ 97.38
Employee/Child	\$ 94.86	\$ -	\$ 94.86
Family	\$ 135.02	\$ -	\$ 135.02
Vision Insurance Rates			
Coverage/Deductible	Rate	Meade Portion	Employee Portion
Single	\$ 10.71	\$ -	\$ 10.71
Employee/Spouse	\$ 21.42	\$ -	\$ 21.42
Employee/Child	\$ 23.57	\$ -	\$ 23.57
Family	\$ 34.26	\$ -	\$ 34.26

*Fall 2018 full benefit 9 month employees