



REPORT TYPE : **2020 Renewal Rates**  
 PRINTED DATE : **5/27/2020**  
 DISTRICT NAME : **Wesclin CUSD 3**  
 GROUP NUMBER : **13249**  
 RENEWAL INCREASE : **0.00%**

**Below Rates Exclude Basic Life Coverage (Billed Separately at \$1 per 10K for Active Employees)**

**2020 BCBS HIGH Plan Dental Rate Card Link 0% increase: [Click Here](#)**

**2020 BCBS LOW Plan Dental Rate Card Link 0% increase: [Click Here](#)**

**2020 EYEMED Vision Plan Rate Card Link 0% increase: [Click Here](#)**

HEALTH INSURANCE PLANS IN USE : **Plan A, Plan B, Plan C, Plan D**

Plan A	Current Rate	Renewal Rate	Renewal COBRA Rate
<b>Health Premiums For Active Employees (Rate Excluding Basic Life) and Retirees</b>	Eff. 09-01-2019	Eff. 09-01-2020	Eff. 09-01-2020
Employee	\$1,005.00	\$1,005.00	\$1,025.10
Employee + Spouse	\$2,075.00	\$2,075.00	\$2,116.50
Employee + Child or Children	\$2,005.00	\$2,005.00	\$2,045.10
Family	\$2,233.00	\$2,233.00	\$2,277.70
<b>Health Premiums For Surviving Dependents and Partial Cobra</b>			
Spouse only – no employee	\$1,070.00	\$1,070.00	\$1,091.40
Child or Children – no employee	\$1,000.00	\$1,000.00	\$1,020.00
Spouse & Child or Children – no employee	\$1,228.00	\$1,228.00	\$1,252.60

Plan B	Current Rate	Renewal Rate	Renewal COBRA Rate
<b>Health Premiums For Active Employees (Rate Excluding Basic Life) and Retirees</b>	Eff. 09-01-2019	Eff. 09-01-2020	Eff. 09-01-2020
Employee	\$913.00	\$913.00	\$931.30
Employee + Spouse	\$1,875.00	\$1,875.00	\$1,912.50
Employee + Child or Children	\$1,807.00	\$1,807.00	\$1,843.10
Family	\$2,016.00	\$2,016.00	\$2,056.30
<b>Health Premiums For Surviving Dependents and Partial Cobra</b>			
Spouse only – no employee	\$962.00	\$962.00	\$981.20
Child or Children – no employee	\$894.00	\$894.00	\$911.80
Spouse & Child or Children – no employee	\$1,103.00	\$1,103.00	\$1,125.00

Plan C	Current Rate	Renewal Rate	Renewal COBRA Rate
<b>Health Premiums For Active Employees (Rate Excluding Basic Life) and Retirees</b>	Eff. 09-01-2019	Eff. 09-01-2020	Eff. 09-01-2020
Employee	\$783.00	\$783.00	\$798.70
Employee + Spouse	\$1,625.00	\$1,625.00	\$1,657.50
Employee + Child or Children	\$1,570.00	\$1,570.00	\$1,601.40
Family	\$1,747.00	\$1,747.00	\$1,781.90
<b>Health Premiums For Surviving Dependents and Partial Cobra</b>			
Spouse only – no employee	\$842.00	\$842.00	\$858.80
Child or Children – no employee	\$787.00	\$787.00	\$802.70
Spouse & Child or Children – no employee	\$964.00	\$964.00	\$983.20



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HEALTH INSURANCE PLANS IN USE : **Plan A, Plan B, Plan C, Plan D**

Plan D	Current Rate	Renewal Rate	Renewal COBRA Rate
<b>Health Premiums For Active Employees (Rate Excluding Basic Life) and Retirees</b>	Eff. 09-01-2019	Eff. 09-01-2020	Eff. 09-01-2020
Employee	\$669.00	\$669.00	\$682.40
Employee + Spouse	\$1,374.00	\$1,374.00	\$1,401.50
Employee + Child or Children	\$1,350.00	\$1,350.00	\$1,377.00
Family	\$1,481.00	\$1,481.00	\$1,510.60
<b>Health Premiums For Surviving Dependents and Partial Cobra</b>			
Spouse only – no employee	\$705.00	\$705.00	\$719.10
Child or Children – no employee	\$681.00	\$681.00	\$694.60
Spouse & Child or Children – no employee	\$812.00	\$812.00	\$828.20