

2016
SHENENDEHOWA TEACHERS' ASSOCIATION
(STA)
Retiree Rate Calculations for
Health, Prescription and Dental Insurance

EMPIRE BLUE CROSS HEALTH

Coverage Level	Full Premium	District Contribution*	Retiree Cost
Individual	\$ 829.66	\$713.51	\$ 116.15
Two-person	\$1978.21	\$713.51	\$ 1264.70
Family	\$2182.11	\$713.51	\$ 1468.60
Medicare	665.58	\$572.40	\$ 93.18

*District Contribution is 86% of the individual rate; can be applied to two-person or family coverage.
Empire Blue Cross Matrix option only available in retirement for those grandfathered enrollees

CDPHP HEALTH

Coverage Level	Full Premium	District Contribution*	Retiree Cost
Individual	\$ 502.57	\$432.21	\$ 70.36
Two-person	\$ 1005.14	\$502.57	\$502.57
Family	\$ 1340.70	\$502.57	\$838.13

*District contribution is 86% of the individual rate; or 50% of the two-person rate, applied to two-person or family coverage.

EXPRESS SCRIPTS STAND –ALONE RX (Self-Funded)

Coverage Level	Full Premium	District Contribution*	Retiree Cost
Individual	\$266.99	\$229.61	\$ 37.38
Two-person	\$482.69	\$229.61	\$253.08
Family	\$482.69	\$229.61	\$253.08
Medicare	\$303.20	\$260.75	\$ 42.45

*District Contribution is 86% of the individual rate; can be applied to two-person or family coverage.

DELTA DENTAL

Coverage Level	Full Premium	District Contribution*	Retiree Cost
Individual	\$ 55.61	0	\$ 55.61
Two-person	\$103.18	0	\$ 103.18
Family	\$177.41	0	\$ 177.41

*District does not contribute towards dental premiums.