

Millington Municipal Schools
2023 Active Health Premiums (effective 1/1/2023)

Deductions: 20-Pay Periods

Benefits: 12-Monthly (7/1/22-6/30/23)

HEALTH PLANS	BCBST S/ CIGNA LOCAL PLUS				BCBST NETWORK P/CIGNA OPEN ACCESS			
	ANNUAL PREMIUM	1/20th Amount	1/20TH EMPLOYEE PREMIUM	MONTHLY DISTRICT COST 80%/75%	ANNUAL PREMIUM	1/20th Amount	1/20TH EMPLOYEE PREMIUM	MONTHLY DISTRICT COST 80%/75%
PREMIER PPO								
Employee Only	\$8,196.00	\$409.80	\$81.96	\$546.40	\$8,976.00	\$448.80	\$89.76	\$598.40
Employee + Child(ren)	\$13,512.00	\$675.60	\$168.90	\$844.50	\$14,292.00	\$714.60	\$178.65	\$893.25
Employee + Spouse	\$17,628.00	\$881.40	\$220.35	\$1,101.75	\$19,188.00	\$959.40	\$239.85	\$1,199.25
Employee + Spouse + Child(ren)	\$21,300.00	\$1,065.00	\$266.25	\$1,331.25	\$22,860.00	\$1,143.00	\$285.75	\$1,428.75
STANDARD PPO								
Employee Only	\$7,620.00	\$381.00	\$76.20	\$508.00	\$8,400.00	\$420.00	\$84.00	\$560.00
Employee + Child(ren)	\$12,552.00	\$627.60	\$156.90	\$784.50	\$13,332.00	\$666.60	\$166.65	\$833.25
Employee + Spouse	\$16,368.00	\$818.40	\$204.60	\$1,023.00	\$17,928.00	\$896.40	\$224.10	\$1,120.50
Employee + Spouse + Child(ren)	\$19,788.00	\$989.40	\$247.35	\$1,236.75	\$21,348.00	\$1,067.40	\$266.85	\$1,334.25
LIMITED PPO								
Employee Only	\$7,200.00	\$360.00	\$72.00	\$480.00	\$7,980.00	\$399.00	\$79.80	\$532.00
Employee + Child(ren)	\$11,880.00	\$594.00	\$148.50	\$742.50	\$12,660.00	\$633.00	\$158.25	\$791.25
Employee + Spouse	\$15,492.00	\$774.60	\$193.65	\$968.25	\$17,052.00	\$852.60	\$213.15	\$1,065.75
Employee + Spouse + Child(ren)	\$18,732.00	\$936.60	\$234.15	\$1,170.75	\$20,292.00	\$1,014.60	\$253.65	\$1,268.25
LOCAL CDHP/HSA								
Employee Only	\$6,276.00	\$313.80	\$62.76	\$418.40	\$7,056.00	\$352.80	\$70.56	\$470.40
Employee + Child(ren)	\$10,356.00	\$517.80	\$129.45	\$647.25	\$11,136.00	\$556.80	\$139.20	\$696.00
Employee + Spouse	\$13,500.00	\$675.00	\$168.75	\$843.75	\$15,060.00	\$753.00	\$188.25	\$941.25
Employee + Spouse + Child(ren)	\$16,320.00	\$816.00	\$204.00	\$1,020.00	\$17,880.00	\$894.00	\$223.50	\$1,117.50
DENTAL PLANS								
	ANNUAL PREMIUM	PPDN	CIGNA DHMO PLAN	District Cost	ANNUAL PREMIUM	PDON	DELTA DENTAL DPPO PLAN	District Cost
Employee Only	\$166.08	SDPB1	\$8.30	N/A	\$237.84	SDPA1	\$11.89	N/A
Employee + Child(ren)	\$345.00	SDPB2	\$17.25	N/A	\$632.40	SDPA2	\$31.62	N/A
Employee + Spouse	\$294.48	SDPB3	\$14.72	N/A	\$467.76	SDPA3	\$23.39	N/A
Employee + Spouse + Child(ren)	\$404.88	SDPB4	\$20.24	N/A	\$968.64	SDPA4	\$48.43	N/A
VISION PLANS								
	ANNUAL PREMIUM		BASIC PLAN	District Cost	ANNUAL PREMIUM		EXPANDED PLAN	District Cost
Employee Only	\$38.16		\$1.91	N/A	\$75.60		\$3.78	N/A
Employee + Child(ren)	\$76.20		\$3.81	N/A	\$151.20		\$7.56	N/A
Employee + Spouse	\$72.36		\$3.62	N/A	\$143.76		\$7.19	N/A
Employee + Spouse + Child(ren)	\$111.96		\$5.60	N/A	\$222.48		\$11.12	N/A

Note: Employees' employer health insurance expenses were reduced on the May 13, 2022 payroll by 2 months in order to align annual expenses with the correct fiscal year period. Previously, the 20 deductions/benefits charged for health insurance through payroll recorded expenses & deductions for premiums through August 31st of following fiscal year. With this adjustment, beginning in FY2023 (and future years) health insurance benefits will be expensed for the 12 months of the fiscal year (July-June). However, the 20 deductions were not impacted and will continue to result in employees having "pre-paid" their deduction portion of health insurance coverage for the months of July and August of the following fiscal year.