

**2019-2020 WEST DES MOINES COMMUNITY SCHOOLS
HEALTH AND DENTAL COSTS FOR DISTRICT AND EMPLOYEE**

	PPO - Alliance Select Plan 1			PPO - Alliance Select Plan 2			PPO - Alliance Select Plan 3			Delta Dental			VISION		
	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employ	TOTAL	District	Employee
Monthly															
Employee	\$ 559.14	\$ 559.14	\$ -	\$ 536.77	\$ 559.14	\$ (22.37)	\$ 503.22	\$ 559.14	\$ (55.92)	\$ 45.30	\$ 45.30	\$ -	\$ 5.12	\$ -	\$ 5.12
Employee/Spouse	\$1,230.12	\$ 897.99	\$ 332.13	\$1,180.92	\$ 897.99	\$ 282.93	\$1,107.10	\$ 897.99	\$ 209.11	\$ 83.06	\$ 45.30	\$37.76	\$ 9.75	\$ -	\$ 9.75
Employee/Children	\$1,062.38	\$ 775.54	\$ 286.84	\$1,019.87	\$ 775.54	\$ 244.33	\$ 956.14	\$ 775.54	\$ 180.60	\$ 93.26	\$ 45.30	\$47.96	\$ 11.03	\$ -	\$ 11.03
Employee/Family	\$1,677.42	\$1,224.52	\$ 452.90	\$1,610.34	\$1,224.52	\$ 385.82	\$1,509.68	\$1,224.52	\$ 285.16	\$ 124.15	\$ 45.30	\$78.85	\$ 14.37	\$ -	\$ 14.37
24 pay periods (Semi-monthly)															
Employee	\$ 279.57	\$ 279.57	\$ -	\$ 268.39	\$ 279.57	\$ (11.18)	\$ 251.61	\$ 279.57	\$ (27.96)	\$ 22.65	\$ 22.65	\$ -	\$ 2.56	\$ -	\$ 2.56
Employee/Spouse	\$ 615.06	\$ 449.00	\$ 166.06	\$ 590.46	\$ 449.00	\$ 141.46	\$ 553.55	\$ 449.00	\$ 104.55	\$ 41.53	\$ 22.65	\$18.88	\$ 4.88	\$ -	\$ 4.88
Employee/Children	\$ 531.19	\$ 387.77	\$ 143.42	\$ 509.94	\$ 387.77	\$ 122.17	\$ 478.07	\$ 387.77	\$ 90.30	\$ 46.63	\$ 22.65	\$23.98	\$ 5.52	\$ -	\$ 5.52
Employee/Family	\$ 838.71	\$ 612.26	\$ 226.45	\$ 805.17	\$ 612.26	\$ 192.91	\$ 754.84	\$ 612.26	\$ 142.58	\$ 62.08	\$ 22.65	\$39.43	\$ 7.19	\$ -	\$ 7.19
16 pay periods (9-10 mo. Ees) (Semi-monthly)															
Employee	\$ 419.36	\$ 419.36	\$ -	\$ 402.58	\$ 419.36	\$ (16.78)	\$ 377.42	\$ 419.36	\$ (41.94)	\$ 33.98	\$ 33.98	\$ -	\$ 3.84	\$ -	\$ 3.84
Employee/Spouse	\$ 922.59	\$ 673.49	\$ 249.10	\$ 885.69	\$ 673.49	\$ 212.20	\$ 830.33	\$ 673.49	\$ 156.84	\$ 62.30	\$ 33.98	\$28.32	\$ 7.31	\$ -	\$ 7.31
Employee/Children	\$ 796.79	\$ 581.66	\$ 215.13	\$ 764.90	\$ 581.66	\$ 183.24	\$ 717.11	\$ 581.66	\$ 135.45	\$ 69.95	\$ 33.98	\$35.97	\$ 8.27	\$ -	\$ 8.27
Employee/Family	\$1,258.07	\$ 918.39	\$ 339.68	\$1,207.76	\$ 918.39	\$ 289.37	\$1,132.26	\$ 918.39	\$ 213.87	\$ 93.11	\$ 33.98	\$59.14	\$ 10.78	\$ -	\$ 10.78

TWO WDMCSD EMPLOYEES (per employee)

Monthly															
Employee/Spouse	\$1,230.12	\$1,230.12	\$ -	\$1,180.82	\$1,180.92	\$ -	\$ 1,107.10	\$1,107.10	\$ -	\$ 83.06	\$ 83.06	\$ -			
Employee/Family	\$1,677.42	\$1,677.42	\$ -	\$1,610.34	\$1,610.34	\$ -	\$1,509.68	\$1,509.68	\$ -	\$ 124.16	\$ 90.60	\$33.56			
24 pay periods															
Employee/Spouse	\$ 615.06	\$ 615.06	\$ -	\$ 590.46	\$ 590.46	\$ -	\$ 553.55	\$ 553.55	\$ -	\$ 41.53	\$ 41.53	\$ -			
Employee/Family	\$ 838.71	\$ 838.71	\$ -	\$ 805.17	\$ 805.17	\$ -	\$ 754.84	\$ 754.84	\$ -	\$ 62.08	\$ 45.30	\$16.78			
Semi-monthly 16 pay periods (9-10 month employees)															
Employee/Spouse	\$ 922.59	\$ 922.59	\$ -	\$ 885.69	\$ 885.69	\$ -	\$ 830.33	\$ 830.33	\$ -	\$ 62.30	\$ 62.30	\$ -			
Employee/Family	\$1,258.07	\$1,258.07	\$ -	\$1,207.76	\$1,207.76	\$ -	\$1,132.26	\$1,132.26	\$ -	\$ 93.12	\$ 67.95	\$25.17			

2 Employee Benefits Wellmark will assign 1 employee the coverage and the other employee as a dependent	IFAS Assignment Assign benefit to employee in Wellmark system and the identifier to the other M2CVEE MEDICAL D2CVEE DENTAL
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