



PUBLIC SCHOOL ACTIVE EMPLOYEES MONTHLY PREMIUMS

WITH WELLNESS VISIT

2019 Plan Year Rates - Effective January 1, 2019 - December 31, 2019

	Base Monthly Premium	State and Plan Contribution	School District Contribution	Total Monthly Employee Cost
Premium				
Employee Only	\$555.99	\$213.43	\$160.30	\$182.26
Employee & Spouse	\$1,328.58	\$338.28	\$160.30	\$830.00
Employee & Child(ren)	\$967.92	\$338.28	\$160.30	\$469.34
Employee & Family	\$1,555.82	\$563.28	\$160.30	\$832.24
Classic				
Employee Only	\$313.40	\$108.28	\$160.30	\$44.82
Employee & Spouse	\$717.00	\$203.28	\$160.30	\$353.42
Employee & Child(ren)	\$520.80	\$203.28	\$160.30	\$157.22
Employee & Family	\$900.70	\$383.28	\$160.30	\$357.12
Basic				
Employee Only	\$251.64	\$81.28	\$160.30	\$10.06
Employee & Spouse	\$535.16	\$103.28	\$160.30	\$271.58
Employee & Child(ren)	\$384.24	\$103.28	\$160.30	\$120.66
Employee & Family	\$603.00	\$168.28	\$160.30	\$274.42

State Contribution is funded by Act 1842 of 2005 and Act 1421 of 2009

Plan Contribution is funded by PSE Trust Fund as Claims Reserve Allocation