

Employer's Payment for Health Care Benefits (Cockle Rates) - SEBB

The Employer's Payment for Health Care Benefits (Cockle Rates) attached are applicable to school employees only.

Effective January 1, 2020, the Employer's Payment for Health Care Benefits will be determined by the tier the subscriber is enrolled on.

Below are examples of how to use the rate sheet below.

Example A

The employee is enrolled on the Subscriber and Child(ren) tier for medical, dental, and vision.

| | |
|--------------------|----------------|
| A1 – Medical | \$971.25 |
| A2 – Dental | \$97.34 |
| <u>A3 – Vision</u> | <u>\$11.66</u> |
| Total | \$1,080.25 |

Example B

The employee is enrolled on the Subscriber only tier for medical, Subscriber and Spouse for dental and Full Family tier for vision.

| | |
|--------------------|----------------|
| B1 – Medical | \$555.00 |
| B2 – Dental | \$97.34 |
| <u>B2 – Vision</u> | <u>\$19.98</u> |
| Total | \$672.32 |

Example C

The employee waives medical coverage by is enrolled on the Full Family tier for dental and vision.

| | |
|--------------------|----------------|
| C1 – Medical | \$0.00 |
| C2 – Dental | \$146.01 |
| <u>C2 – Vision</u> | <u>\$19.98</u> |
| Total | \$165.99 |

| Employer Paid Benefits by Tier | Subscriber | Subscriber and Spouse | Subscriber and Child(ren) | Full Family |
|--------------------------------|------------|-----------------------|---------------------------|-------------|
| Medical | \$555.00 | \$1,110.00 | \$971.25 | \$1,665.00 |
| Dental | \$48.67 | \$97.34 | \$97.34 | \$146.01 |
| Vision | \$6.66 | \$13.32 | \$11.66 | \$19.98 |