

FORT ZUMWALT SCHOOL DISTRICT  
INSURANCE OPTIONS FOR FULL TIME EMPLOYEES

2007-08

**Effective October 1, 2007 - September 30, 2008**

**HEALTH INSURANCE (CHOOSE ONE)**

<b>Anthem Blue Cross Blue Shield - #00166056</b>			
		Per Check	Monthly
Employee Only	District Paid	264.89	\$529.78
Employee's Spouse	Optional	264.88	529.76
Employee's Child or Children*	Optional	198.64	397.28
Employee's Family (Spouse + Children*)	Optional	463.54	927.08
<b>GHP SENSICARE #6211480001</b>			
		Per Check	Monthly
Employee Only	District Paid	245.43	\$490.86
Employee's Spouse	Optional	245.42	490.84
Employee's Child or Children*	Optional	208.61	417.22
Employee's Family (Spouse + Children*)	Optional	385.32	770.64

\*Unmarried dependent children to age 25

**DENTAL INSURANCE**

<b>UNITED CONCORDIA FLEX - # 821651000</b>			
		Per Check	Monthly
Employee Only	District Paid	16.10	\$32.20
One Dependent (Child* or Spouse)	Optional	17.70	35.40
Two or More Dependents (Spouse + Children*)	Optional	36.16	72.32

\*Unmarried dependent children to age 25

**OPTICAL INSURANCE**

<b>VISION BENEFITS OF AMERICA - #1439</b>			
		Per Check	Monthly
Employee Only	District Paid	3.32	\$6.64
Employee's Family (Spouse + Children*)	Optional	7.20	14.40

\*Unmarried dependent children to age 25

**LIFE INSURANCE**

<b>SUN LIFE OF CANADA - # 96433</b>			
		Per Check	Monthly
Employee Only (Coverage Amount: Employee \$50,000)	District Paid	3.00	\$6.00
Dependent Life Insurance (Coverage: Spouse \$25,000) (Coverage: Children - 14 days through 5 mos. - \$1,250) (Coverage: Children - 6mos. through 21/23 if full-time student - \$12,500)	Optional	2.25	4.50
Employee's Optional Life Insurance (Coverage Amount: Available in \$10,000 increments up to \$150,000)	See Age Chart Below		
Age: Under 30	Per \$10,000	0.25	0.50
30-39	Per \$10,000	0.25	0.50
40-44	Per \$10,000	0.45	0.90
45-49	Per \$10,000	0.75	1.50
50-54	Per \$10,000	1.35	2.70
55-59	Per \$10,000	2.15	4.30
60-64	Per \$10,000	3.15	6.30
65-69	Per \$10,000	5.00	10.00
70-74	Per \$10,000	8.35	16.70