

**2021-2022 WEST DES MOINES COMMUNITY SCHOOLS Schedule A, B and C 16 PAY EMPLOYEES
HEALTH AND DENTAL COSTS FOR DISTRICT AND EMPLOYEE**

	WHPI - Plan 1			BLUE PPO - Plan 2			BLUE PPO - Plan 3			Delta Dental			VISION		
	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employee
Monthly															
Employee	\$ 647.31	\$ 582.57	\$ 64.74	\$ 621.41	\$ 582.57	\$ 38.84	\$ 582.57	\$ 582.57	\$ -	\$ 49.23	\$ 49.23	\$ -	\$ 5.12	\$ -	\$ 5.12
Employee/Spouse	\$ 1,424.11	\$ 935.27	\$ 488.84	\$ 1,367.15	\$ 935.64	\$ 431.51	\$ 1,281.69	\$ 935.63	\$ 346.06	\$ 90.27	\$ 49.23	\$ 41.04	\$ 9.75	\$ -	\$ 9.75
Employee/Children	\$ 1,229.92	\$ 808.06	\$ 421.86	\$ 1,180.70	\$ 808.05	\$ 372.65	\$ 1,106.92	\$ 808.05	\$ 298.87	\$ 101.36	\$ 49.23	\$ 52.13	\$ 11.03	\$ -	\$ 11.03
Employee/Family	\$ 1,941.95	\$ 1,275.87	\$ 666.08	\$ 1,864.29	\$ 1,275.86	\$ 588.43	\$ 1,747.76	\$ 1,275.86	\$ 471.89	\$ 134.93	\$ 49.23	\$ 85.70	\$ 14.37	\$ -	\$ 14.37
16 pay periods (9-10 mo. Ees) (Semi-monthly)															
Employee	\$ 485.48	\$ 436.93	\$ 48.56	\$ 466.06	\$ 436.93	\$ 29.13	\$ 436.93	\$ 436.93	\$ -	\$ 36.92	\$ 36.92	\$ -	\$ 3.84	\$ -	\$ 3.84
Employee/Spouse	\$ 1,068.08	\$ 701.45	\$ 366.63	\$ 1,025.36	\$ 701.73	\$ 323.63	\$ 961.27	\$ 701.72	\$ 259.55	\$ 67.70	\$ 36.92	\$ 30.78	\$ 7.31	\$ -	\$ 7.31
Employee/Children	\$ 922.44	\$ 606.05	\$ 316.40	\$ 885.53	\$ 606.04	\$ 279.49	\$ 830.19	\$ 606.04	\$ 224.15	\$ 76.02	\$ 36.92	\$ 39.10	\$ 8.27	\$ -	\$ 8.27
Employee/Family	\$ 1,456.46	\$ 956.90	\$ 499.56	\$ 1,398.22	\$ 956.90	\$ 441.32	\$ 1,310.82	\$ 956.90	\$ 353.92	\$ 101.20	\$ 36.92	\$ 64.28	\$ 10.78	\$ -	\$ 10.78

TWO WDMCSD EMPLOYEES (per employee)

Monthly															
Employee/Spouse	\$ 1,424.11	\$ 1,424.11		\$ 1,367.15	\$ 1,367.15		\$ 1,281.69	\$ 1,281.69		\$ 90.27	\$ 90.27	\$ -			
Employee/Family	\$ 1,941.95	\$ 1,941.95	\$ -	\$ 1,864.29	\$ 1,864.29	\$ -	\$ 1,747.76	\$ 1,747.76	\$ -	\$ 134.93	\$ 98.48	\$ 36.45			
Semi-monthly 16 pay periods (9-10 month employees)															
Employee/Spouse	\$ 1,068.08	\$ 1,068.08		\$ 1,025.36	\$ 1,025.36		\$ 961.27	\$ 961.27		\$ 67.70	\$ 67.70	\$ -			
Employee/Family	\$ 1,456.46	\$ 1,456.46	\$ -	\$ 1,398.22	\$ 1,398.22	\$ -	\$ 1,310.82	\$ 1,310.82	\$ -	\$ 101.20	\$ 73.86	\$ 27.34			

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

**ESTIMATED 2021-2022 WEST DES MOINES COMMUNITY SCHOOLS Schedule A, B and C
HEALTH AND DENTAL COSTS FOR DISTRICT AND EMPLOYEE**

	WHPI - Plan 1			BLUE PPO - Plan 2			BLUE PPO - Plan 3			Delta Dental			VISION		
	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employee	TOTAL	District	Employ	TOTAL	District	Employee
Monthly															
Employee	\$ 647.31	\$ 582.57	\$ 64.74	\$ 621.41	\$ 582.57	\$ 38.84	\$ 582.57	\$ 582.57	\$ -	\$ 49.23	\$ 49.23	\$ -	\$ 5.12	\$ -	\$ 5.12
Employee/Spouse	\$ 1,424.11	\$ 935.63	\$ 488.48	\$ 1,367.15	\$ 935.64	\$ 431.51	\$ 1,281.69	\$ 935.63	\$ 346.06	\$ 90.27	\$ 49.23	\$ 41.04	\$ 9.75	\$ -	\$ 9.75
Employee/Children	\$ 1,229.92	\$ 808.06	\$ 421.86	\$ 1,180.70	\$ 808.05	\$ 372.65	\$ 1,106.92	\$ 808.05	\$ 298.87	\$ 101.36	\$ 49.23	\$ 52.13	\$ 11.03	\$ -	\$ 11.03
Employee/Family	\$ 1,941.95	\$ 1,275.87	\$ 666.08	\$ 1,864.29	\$ 1,275.86	\$ 588.43	\$ 1,747.76	\$ 1,275.86	\$ 471.90	\$ 134.93	\$ 49.23	\$ 85.70	\$ 14.37	\$ -	\$ 14.37
24 pay periods (Semi-monthly)															
Employee	\$ 323.66	\$ 291.29	\$ 32.37	\$ 310.71	\$ 291.29	\$ 19.42	\$ 291.29	\$ 291.29	\$ -	\$ 24.62	\$ 24.62	\$ -	\$ 2.56	\$ -	\$ 2.56
Employee/Spouse	\$ 712.06	\$ 467.82	\$ 244.24	\$ 683.58	\$ 467.82	\$ 215.76	\$ 640.85	\$ 467.82	\$ 173.03	\$ 45.14	\$ 24.62	\$ 20.52	\$ 4.88	\$ -	\$ 4.88
Employee/Children	\$ 614.96	\$ 404.03	\$ 210.93	\$ 590.35	\$ 404.03	\$ 186.32	\$ 553.46	\$ 404.03	\$ 149.43	\$ 50.68	\$ 24.62	\$ 26.06	\$ 5.52	\$ -	\$ 5.52
Employee/Family	\$ 970.98	\$ 637.94	\$ 333.04	\$ 932.15	\$ 637.93	\$ 294.22	\$ 873.88	\$ 637.93	\$ 235.95	\$ 67.47	\$ 24.62	\$ 42.85	\$ 7.19	\$ -	\$ 7.19
TWO WDMCSD EMPLOYEES (per employee)															
Monthly															
Employee/Spouse	\$ 1,424.11	\$ 1,424.11		\$ 1,367.15	\$ 1,367.15		\$ 1,281.69	\$ 1,281.69		\$ 90.27	\$ 90.27	\$ -			
Employee/Family	\$ 1,941.95	\$ 1,941.95	\$ -	\$ 1,864.29	\$ 1,864.29	\$ -	\$ 1,747.76	\$ 1,747.76	\$ -	\$ 134.93	\$ 98.48	\$ 36.45			
24 pay periods															
Employee/Spouse	\$ 712.06	\$ 712.06		\$ 683.58	\$ 683.58		\$ 640.85	\$ 640.85	\$ -	\$ 45.14	\$ 45.14	\$ -			
Employee/Family	\$ 970.98	\$ 970.98	\$ -	\$ 932.15	\$ 932.15	\$ -	\$ 873.88	\$ 873.88	\$ -	\$ 67.47	\$ 49.24	\$ 18.23			

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

**2021-2022 WEST DES MOINES COMMUNITY SCHOOLS
HEALTH AND DENTAL COSTS FOR DISTRICT AND EMPLOYEE
CERTIFIED STAFF, NON UNIT AND SCHEDULE D EMPLOYEES**

	WHPI - Plan 1			BLUE PPO - Plan 2			BLUE PPO - Plan 3			Delta Dental			Vision
	TOTAL Cost	District Cost	Employee Cost	TOTAL Cost	District Cost	Employee Cost	TOTAL Cost	District Cost	Employee Cost	TOTAL Cost	District Cost	Employee Cost	Employee Cost
Monthly													
Employee	\$ 647.31	\$ 647.31	\$ -	\$ 621.41	\$ 647.31	\$ (25.90)	\$ 582.57	\$ 647.31	\$ (64.74)	\$ 49.23	\$ 49.23	\$ -	\$ 5.12
Employee/Spouse	\$ 1,424.11	\$ 1,039.60	\$ 384.51	\$ 1,367.15	\$ 1,039.60	\$ 327.55	\$ 1,281.69	\$ 1,039.60	\$ 242.09	\$ 90.27	\$ 49.23	\$ 41.04	\$ 9.75
Employee/Children	\$ 1,229.92	\$ 897.84	\$ 332.08	\$ 1,180.70	\$ 897.84	\$ 282.86	\$ 1,106.92	\$ 897.84	\$ 209.08	\$ 101.36	\$ 49.23	\$ 52.13	\$ 11.03
Employee/Family	\$ 1,941.95	\$ 1,417.63	\$ 524.32	\$ 1,864.29	\$ 1,417.63	\$ 446.66	\$ 1,747.76	\$ 1,417.63	\$ 330.13	\$ 134.93	\$ 49.23	\$ 85.70	\$ 14.37
24 pay periods (Semi-monthly)													
Employee	\$ 323.66	\$ 323.66	\$ -	\$ 310.71	\$ 323.66	\$ (12.95)	\$ 291.29	\$ 323.66	\$ (32.37)	\$ 24.62	\$ 24.62	\$ -	\$ 2.56
Employee/Spouse	\$ 712.06	\$ 519.80	\$ 192.26	\$ 683.58	\$ 519.80	\$ 163.78	\$ 640.85	\$ 519.80	\$ 121.05	\$ 45.14	\$ 24.62	\$ 20.52	\$ 4.88
Employee/Children	\$ 614.96	\$ 448.92	\$ 166.04	\$ 590.35	\$ 448.92	\$ 141.43	\$ 553.46	\$ 448.92	\$ 104.54	\$ 50.68	\$ 24.62	\$ 26.07	\$ 5.52
Employee/Family	\$ 970.98	\$ 708.82	\$ 262.16	\$ 932.15	\$ 708.82	\$ 223.33	\$ 873.88	\$ 708.82	\$ 165.07	\$ 67.47	\$ 24.62	\$ 42.85	\$ 7.19

TWO WDMCSD EMPLOYEES (per employee)

Monthly													
Employee/Spouse	\$ 1,424.11	\$ 1,424.11		\$ 1,367.15	\$ 1,367.15		\$ 1,281.69	\$ 1,281.69		\$ 90.27	\$ 90.27	\$ -	
Employee/Family	\$ 1,941.95	\$ 1,941.95	\$ -	\$ 1,864.29	\$ 1,864.29	\$ -	\$ 1,747.76	\$ 1,747.76	\$ -	\$ 134.93	\$ 98.48	\$ 36.45	
24 pay periods													
Employee/Spouse	\$ 712.06	\$ 712.06		\$ 683.58	\$ 683.58		\$ 640.85	\$ 640.85	\$ -	\$ 45.14	\$ 45.14	\$ -	
Employee/Family	\$ 970.98	\$ 970.98	\$ -	\$ 932.15	\$ 932.15	\$ -	\$ 873.88	\$ 873.88	\$ -	\$ 67.47	\$ 49.24	\$ 18.23	

2 Employee Benefits Wellmark will assign 1 employee the coverage and the other employee as a dependent	<p>IFAS Assignment</p> <p>Assign benefit to employee in Wellmark system and the identifier to the other</p> <p>M2CVEE MEDICAL D2CVEE DENTAL</p>
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**2021/2022
ADMN/SUPV BENEFIT RATES**

MONTHLY	PLAN 1 - WHPI	Total Cost	DISTRICT Cost	Admin/SUPV Cost	PLAN 2 - BLUE PPO	Total Cost	DISTRICT Cost	Admin/SUPV Cost	PLAN 3 - BLUE PPO	Total Cost	DISTRICT Cost	Admin/SUPV Cost
	EMPLOYEE		\$ 647.31	\$ 647.31	\$ -	EMPLOYEE	\$ 621.41	\$ 647.31	\$ (25.90)	EMPLOYEE	\$ 582.57	\$ 647.31
EMPLOYEE/SPOUSE		\$ 1,424.11	\$ 647.31	\$ 776.80	EMPLOYEE/SPOUSE	\$ 1,367.15	\$ 647.31	\$ 719.84	EMPLOYEE/SPOUSE	\$ 1,281.69	\$ 647.31	\$ 634.38
EMPLOYEE/CHILDREN		\$ 1,229.92	\$ 647.31	\$ 582.61	EMPLOYEE/CHILDREN	\$ 1,180.70	\$ 647.31	\$ 533.39	EMPLOYEE/CHILDREN	\$ 1,106.92	\$ 647.31	\$ 459.61
EMPLOYEE/FAMILY		\$ 1,941.95	\$ 647.31	\$ 1,294.64	EMPLOYEE/FAMILY	\$ 1,864.29	\$ 647.31	\$ 1,216.98	EMPLOYEE/FAMILY	\$ 1,747.76	\$ 647.31	\$ 1,100.45
24 PAY PERIODS	PLAN 1	Total Cost	DISTRICT Cost	Admin/SUPV Cost	PLAN 2	Total Cost	DISTRICT Cost	Admin/SUPV Cost	PLAN 3	Total Cost	DISTRICT Cost	Admin/SUPV Cost
EMPLOYEE		\$ 323.66	\$ 323.66	\$ -	EMPLOYEE	\$ 310.71	\$ 323.66	\$ (12.95)	EMPLOYEE	\$ 291.29	\$ 323.66	\$ (32.37)
EMPLOYEE/SPOUSE		\$ 712.06	\$ 323.66	\$ 388.40	EMPLOYEE/SPOUSE	\$ 683.58	\$ 323.66	\$ 359.92	EMPLOYEE/SPOUSE	\$ 640.85	\$ 323.66	\$ 317.19
EMPLOYEE/CHILDREN		\$ 614.96	\$ 323.66	\$ 291.31	EMPLOYEE/CHILDREN	\$ 590.35	\$ 323.66	\$ 266.70	EMPLOYEE/CHILDREN	\$ 553.46	\$ 323.66	\$ 229.81
EMPLOYEE/FAMILY		\$ 970.98	\$ 323.66	\$ 647.32	EMPLOYEE/FAMILY	\$ 932.15	\$ 323.66	\$ 608.49	EMPLOYEE/FAMILY	\$ 873.88	\$ 323.66	\$ 550.23

DENTAL

VISION

MONTHLY		Total Cost	District Cost	Employee Cost		TOTAL Cost	District Cost	Employee Cost
		EMPLOYEE	\$ 49.23	\$ 49.23		\$ -	EMPLOYEE	\$ 5.12
EMPLOYEE/SPOUSE	\$ 90.27	\$ 49.23	\$ 41.04	EMPLOYEE/SPOUSE	\$ 9.75	\$ -	\$ 9.75	
EMPLOYEE/CHILDREN	\$ 101.36	\$ 49.23	\$ 52.13	EMPLOYEE/CHILDREN	\$ 11.03	\$ -	\$ 11.03	
EMPLOYEE/FAMILY	\$ 134.93	\$ 49.23	\$ 85.70	EMPLOYEE/FAMILY	\$ 14.37	\$ -	\$ 14.37	
24 PAY PERIODS		TOTAL Cost	District Cost	Employee Cost	24 PAY PERIODS	TOTAL	District Cost	Employee Cost
EMPLOYEE		\$ 24.62	\$ 24.62	\$ -	EMPLOYEE	\$ 2.56	\$ -	\$ 2.56
EMPLOYEE/SPOUSE		\$ 45.14	\$ 24.62	\$ 20.52	EMPLOYEE/SPOUSE	\$ 4.88	\$ -	\$ 4.88
EMPLOYEE/CHILDREN		\$ 50.68	\$ 24.62	\$ 26.07	EMPLOYEE/CHILDREN	\$ 5.52	\$ -	\$ 5.52
EMPLOYEE/FAMILY		\$ 67.47	\$ 24.62	\$ 42.85	EMPLOYEE/FAMILY	\$ 7.19	\$ -	\$ 7.19