

Verona Area School District Health Premium Rates Effective July 1, 2019

GHC 2019 Active Rates	Family	Monthly	Single	Monthly
GHC-HMO Total Cost	\$ 17,744.52	\$ 1,478.71	\$ 6,977.28	\$ 581.44
Employee Contribution*	\$ 1,951.90	\$ 162.66	\$ 767.50	\$ 63.96
GHC-POS Total Cost	\$ 19,801.80	\$ 1,650.15	\$ 7,795.80	\$ 649.65
Employee Contribution**	\$ 4,009.18	\$ 334.10	\$ 1,586.02	\$ 132.17
GHC-PPO Total Cost	\$ 24,297.12	\$ 2,024.76	\$ 9,561.24	\$ 796.77
Employee Contribution**	\$ 8,504.50	\$ 708.71	\$ 3,351.46	\$ 279.29

*Assumes 89% Employer Contribution (Employee/Spouse completes Wellness Component)
 **Assumes 89% Employer Contribution Based on the HMO Rate; (Employee/Spouse completes Wellness Component)
 Note: PPO Option only available for members who live outside Dane, Sauk or Columbia counties.

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GHC 2018 Active Rates (PT)	Family	Monthly	Single	Monthly
GHC-HMO Total Cost	\$ 17,744.52	\$ 1,478.71	\$ 6,977.28	\$ 581.44
Employee Contribution*	\$ 5,500.80	\$ 458.40	\$ 2,162.96	\$ 180.25
GHC-POS Total Cost	\$ 19,801.80	\$ 1,650.15	\$ 7,795.80	\$ 649.65
Employee Contribution**	\$ 7,558.08	\$ 629.84	\$ 2,981.48	\$ 248.46
GHC-PPO Total Cost	\$ 24,297.12	\$ 2,024.76	\$ 9,561.24	\$ 796.77
Employee Contribution**	\$ 12,053.40	\$ 1,004.45	\$ 4,746.92	\$ 395.58

*Assumes 69% Employer Contribution (Employee/Spouse completes Wellness Component)
 **Assumes 69% Employer Contribution Based on the HMO Rate; (Employee/Spouse completes Wellness Component)
 Note: PPO Option only available for members who live outside Dane, Sauk or Columbia counties.