

Freedom of Information <foia@familytaxpayers.org>

June 4, 2013 11:22 AM

To: undisclosed-recipients;

Bcc: skuffel@dist228.org

Freedom of Information Request

Dear Superintendents,

Please email me the following information:

Type of Health Insurance Plans for your district (HMO, PPO, HSA, etc) and co-pay details

Name of Health Insurance Providers (Please also identify if you are self insured)

Monthly cost to district per individual for school year 2012/2013 broken down as follows:

HMO

Family:
Individual:
Individual + 1:

PPO

Family:
Individual:
Individual + 1:

HSA

Family:
Individual:
Individual + 1:

Other Stipends

Family:
Individual:
Individual + 1:

Flex Spending

Family:
Individual:
Individual + 1:

Cafeteria Plan

Family:
Individual:
Individual + 1:

Monthly cost to district per individual for school year 2013/2014 broken down as follows:

HMO

Family:
Individual:
Individual + 1:

PPO

Family:
Individual:
Individual + 1:

HSA

Family:
Individual:
Individual + 1:

Other Stipends

Family:
Individual:
Individual + 1:

Flex Spending

Family:
Individual:
Individual + 1:

Cafeteria Plan

Family:
Individual:
Individual + 1:

Monthly cost to employee for school year 2012/2013 broken down as follows:

HMO

Family:
Individual:
Individual + 1:

PPO

Family:
Individual:

Individual + 1:
HSA
Family:
Individual:
Individual + 1:
Other Stipends
Family:
Individual:
Individual + 1:
Flex Spending
Family:
Individual:
Individual + 1:
Cafeteria Plan
Family:
Individual:
Individual + 1:

Monthly cost to employee for school year 2013/2014 broken down as follows:

HMO
Family:
Individual:
Individual + 1:
PPO
Family:
Individual:
Individual + 1:
HSA
Family:
Individual:
Individual + 1:
Other Stipends
Family:
Individual:
Individual + 1:
Flex Spending
Family:
Individual:
Individual + 1:
Cafeteria Plan
Family:
Individual:
Individual + 1:

If you have any questions please call 847-428-0212.

Sincerely,

Family Taxpayers Foundation

Natalie Haugse <nhaugse@dist228.org> 
 To: foia@familytaxpayers.org
 Cc: Scott Kuffel <skuffel@dist228.org>
 Re: Freedom of Information Request

June 5, 2013 7:46 AM

2 Attachments, 2.1 MB



[2012 D228...ent \(2.1 MB\)](#)

GENESEO CUSD #228 HEALTH INSURANCE RATES HISTORY

Category	2002 Rates	2003 Rates (12% Incr)	2004 Rates (7% Incr)	2005 Rates (7% Incr)	2006 (8% Incr)	2007 Rates (10% Incr)	2008 Rates (10% Incr)	2009 Rates (4% Incr)	2010 Rates (7% Incr)	2011 Rates (3% Incr)	2012 Rates (1% decrease to employee)	2013 Rates (1% decrease to employee)
Employee Cost for Family	\$87.00	\$99.00	\$106	\$113.42	\$122.49	\$134.74	\$148.22	\$155.33	\$166.36	\$171.35	\$169.64	\$167.94
Board Cost for Family	\$477.00	\$544.00	\$582.00	\$622.74	\$672.56	\$739.82	\$813.80	\$848.05	\$908.26	\$935.51	\$926.15	\$916.89
Single and Retiree Single	\$217.00	\$247.00	\$264	\$282.48	\$305.08	\$335.59	\$369.14	\$382.06	\$409.19	\$421.46	\$417.25	\$413.08
Retiree Family	\$564.00	\$643.00	\$688	\$736.16	\$795.05	\$874.56	\$962.01	\$1,003.38	\$1,074.62	\$1,106.86	\$1,095.79	\$1,084.83
Retiree Medicare	\$139.00	\$159.00	\$170	\$181.90	\$196.45	\$216.10	\$237.71	\$247.93	\$265.53	\$273.50	\$270.77	\$268.06
Family Wrap or Dental/Vision	\$41.00	\$47.00	\$50	\$53.50	\$57.78	\$63.56	\$69.91	\$72.78	\$77.94	\$80.29	\$79.49	\$78.70
Retiree Family A (1 Medicare Single, 1 Single)	Did Not Exist prior to 12/11/06					\$551.68	\$606.85	\$632.94	\$677.88	\$698.22	\$691.24	\$684.33
Retiree Family B (2 Medicare Single)						\$432.19	\$475.41	\$495.85	\$531.06	\$546.99	\$541.52	\$536.10

Natalie Haugse
 Administrative Assistant
 Geneseo CUSD #228