

**2020-2021
Administrators Insurance Rates**

	Select Health Med +			Select Health Value			Select Health Health Save			**District H.S.A.	
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Contribution	
Full Monthly Premium	593.50	1,335.00	1,890.02	546.00	1,228.30	1,739.00	507.02	1,140.80	1,615.20	Monthly	Annually
24 Deductions Full Time Equivalent 1.000	123.16	277.63	392.41	85.93	194.01	273.93	105.72	238.36	336.83	Employee	\$ 88.90 \$ 1,066.80
										Two Party	\$ 200.00 \$ 2,400.00
										Family	\$ 283.20 \$ 3,398.40

** Must be enrolled in Health Save
** There is a \$2.00 per month charge for Health Save Account

EMI Dental						
	Choice PPO Plan			Advantage Co-Pay Plan		
	Single	Couple	Family	Single	Couple	Family
Full Monthly Premium	\$ 39.40	\$ 89.40	\$ 128.50	\$ 19.90	\$ 45.00	\$ 64.80
24 Deductions	\$ 19.70	\$ 44.70	\$ 64.25	\$ 9.95	\$ 22.50	\$ 32.40

**Life Insurance -Administrators		
	Single	Family
Monthly Premium	\$ 6.95	\$ 7.48

** Paid by District

**LTD	
Benefit	\$ 15.60

** Paid by District