

**2023-2024  
Administrators Insurance Rates**

	Select Health Value			Select Health Health Save			***District H.S.A.		
	Single	Couple	Family	Single	Couple	Family	Contribution		
<b>Full Monthly Premium</b>	612.09	1,376.89	1,949.42	580.54	1,305.48	1,848.54	Monthly	Annually	
24 Deductions							Employee	\$ 88.90	\$ 1,066.80
Full Time Equivalent							Two Party	\$ 200.00	\$ 2,400.00
1.000	73.45	165.26	233.16	95.56	215.54	304.42	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
<b>Full Monthly Premium</b>	\$ 37.40	\$ 84.90	\$ 122.10	\$ 18.90	\$ 42.80	\$ 61.60
24 Deductions	\$ 18.70	\$ 42.45	\$ 61.05	\$ 9.45	\$ 21.40	\$ 30.80

<b>**Life Insurance -Administrators</b>		
	Single	Family
Monthly Premium	\$ 6.95	\$ 7.48

\*\* Paid by District

<b>**LTD</b>	
Benefit	\$ 16.16

\*\* Paid by District

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