

2023-2024

Administrators Insurance Rates

Select Health Value

Select Health Health Save

****District H.S.A.**

	Select Health Value			Select Health Health Save			**District H.S.A.		
	Single	Couple	Family	Single	Couple	Family	Contribution		
Full Monthly Premium	612.10	1,376.90	1,949.40	580.50	1,305.70	1,848.50	Monthly	Annually	
24 Deductions							Employee	\$ 88.90	\$ 1,066.80
Full Time Equivalent							Two Party	\$ 200.00	\$ 2,400.00
1.000	73.46	165.26	233.15	95.54	215.55	304.40	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	\$ 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

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

** Paid by District

**LTD	
Benefit	\$ 16.16

** Paid by District