

2021-2022

Classified Employee Insurance Rates

	Select Health Med +			Select Health Value			Select Health Health Save			**District H.S.A. Contribution		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family			
Full Monthly Premium	614.90	1,383.10	1,958.20	565.70	1,272.50	1,801.60	525.50	1,181.90	1,673.30	Monthly	Annually	
24 Deductions										Employee	\$ 48.30	\$ 579.60
Full Time Equivalent										Two Party	\$ 108.80	\$ 1,305.60
1.000	105.70	212.95	301.61	56.52	127.20	180.14	52.28	117.61	166.52	Family	\$ 153.90	\$ 1,846.80
0.750	156.14	332.60	470.98	113.10	254.46	360.31	104.90	235.95	334.05			

** 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
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 -Classified		
	Single	Family
Monthly Premium	6.95	7.48
24 Deductions		
FTE		
1.000	0	0
0.750	1.74	1.87

**LTD Benefit	\$ 15.60
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** Paid by District