

**2022-2023
Education Support Professionals Insurance Rates**

	Select Health Value			Select Health Health Save			***District H.S.A.		
	Single	Couple	Family	Single	Couple	Family	Contribution		
Full Monthly Premium	618.90	1,392.20	1,971.10	587.00	1,320.20	1,869.10	Monthly	Annually	
24 Deductions							Employee	\$ 48.30	\$ 579.60
Full Time Equivalent							Two Party	\$ 108.80	\$ 1,305.60
1.000	56.52	127.20	180.14	52.28	117.61	166.52	Family	\$ 153.90	\$ 1,846.80
0.750	119.75	269.50	381.49	112.56	253.23	358.53	** Must be enrolled in Health Save		

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		
Monthly Premium	Single	Family
24 Deductions		
FTE		
1.000	0	0
0.750	1.74	1.87

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