

**2023-2024
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	612.09	1,376.89	1,949.42	580.54	1,305.48	1,848.54	Monthly	Annually	
24 Deductions							Employee	\$ 48.30	\$ 579.60
Full Time Equivalent							Two Party	\$ 108.80	\$ 1,305.60
1.000	30.35	68.34	96.81	27.34	61.53	87.12	Family	\$ 153.90	\$ 1,846.80
0.750	99.27	223.37	316.29	93.07	209.35	296.41	** Must be enrolled in Health Save		

EMI Dental						
	Choice PPO Plan			Advantage Co-Pay Plan		
	Single	Couple	Family	Single	Couple	Family
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 -Classified		
	Single	Family
Monthly Premium	6.95	7.48
24 Deductions		
FTE		
1.000	0	0
0.750	1.74	1.87

**LTD Benefit	\$ 16.16
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** Paid by District