

**2023-2024 Insurance Rates
Licensed Professionals**

	Select Health Value			Select Health Health Save		
	Single	Couple	Family	Single	Couple	Family
Full Monthly Premium	\$ 612.09	\$ 1,376.89	\$ 1,949.42	\$ 580.54	\$ 1,305.48	\$ 1,848.54
24 Deductions Full time Equivalent						
1.000	\$ 109.30	\$ 246.07	\$ 347.87	\$ 92.82	\$ 208.72	\$ 295.03
0.900	\$ 128.97	\$ 290.31	\$ 410.56	\$ 112.56	\$ 253.13	\$ 357.96
0.830	\$ 142.75	\$ 321.27	\$ 454.44	\$ 126.38	\$ 284.22	\$ 402.00
0.800	\$ 148.65	\$ 334.54	\$ 473.24	\$ 132.31	\$ 297.54	\$ 420.88
0.750	\$ 158.49	\$ 356.66	\$ 504.58	\$ 142.18	\$ 319.75	\$ 452.34
0.700	\$ 168.32	\$ 378.78	\$ 535.92	\$ 152.05	\$ 341.96	\$ 483.81
0.666	\$ 175.01	\$ 393.82	\$ 557.24	\$ 158.77	\$ 357.06	\$ 505.20
0.600	\$ 188.00	\$ 423.02	\$ 598.61	\$ 171.80	\$ 386.37	\$ 546.73
0.555	\$ 196.85	\$ 442.93	\$ 626.82	\$ 180.68	\$ 406.35	\$ 575.04
0.500	\$ 207.67	\$ 467.26	\$ 661.29	\$ 191.54	\$ 430.78	\$ 609.65

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 - Teachers		
	Single	Family
Monthly Premium	\$ 6.95	\$ 7.48
FTE		
1.000	\$ -	\$ -
0.900	\$ 0.35	\$ 0.38
0.830	\$ 0.59	\$ 0.64
0.800	\$ 0.70	\$ 0.75
0.750	\$ 0.87	\$ 0.94
0.700	\$ 1.05	\$ 1.12
0.666	\$ 1.17	\$ 1.25
0.600	\$ 1.39	\$ 1.50
0.555	\$ 1.55	\$ 1.67
0.500	\$ 1.74	\$ 1.87

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