

**2023-2024 Insurance Rates
Licensed Professionals**

	Select Health Value			Select Health Health Save		
	Single	Couple	Family	Single	Couple	Family
Full Monthly Premium	\$ 612.10	\$ 1,376.90	\$ 1,949.40	\$ 580.50	\$ 1,305.70	\$ 1,848.50
24 Deductions Full time Equivalent						
1.000	\$ 109.31	\$ 246.07	\$ 347.86	\$ 92.80	\$ 208.73	\$ 295.01
0.900	\$ 128.98	\$ 290.31	\$ 410.55	\$ 112.54	\$ 253.14	\$ 357.94
0.830	\$ 142.75	\$ 321.28	\$ 454.43	\$ 126.36	\$ 284.23	\$ 401.98
0.800	\$ 148.65	\$ 334.55	\$ 473.23	\$ 132.29	\$ 297.55	\$ 420.86
0.750	\$ 158.49	\$ 356.67	\$ 504.57	\$ 142.16	\$ 319.76	\$ 452.32
0.700	\$ 168.33	\$ 378.79	\$ 535.91	\$ 152.03	\$ 341.97	\$ 483.79
0.666	\$ 175.02	\$ 393.83	\$ 557.23	\$ 158.75	\$ 357.07	\$ 505.18
0.600	\$ 188.00	\$ 423.02	\$ 598.60	\$ 171.78	\$ 386.38	\$ 546.71
0.555	\$ 196.86	\$ 442.93	\$ 626.81	\$ 180.66	\$ 406.36	\$ 575.02
0.500	\$ 207.68	\$ 467.26	\$ 661.28	\$ 191.52	\$ 430.79	\$ 609.63

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