

**2018-2019 Insurance Rates
Classified Employees**

	Select Health Med +			Select Health Value			Select Health Health Save			***District H.S.A. Contribution Monthly Annually	
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family		
Monthly Premium	527.60	1,186.90	1,680.50	485.40	1,092.00	1,546.00	450.30	1,012.30	1,434.00		
24 Deductions											
FTE										Employee	\$ 48.30 \$ 579.60
1.000	56.20	126.50	179.26	33.27	74.95	106.14	30.33	68.36	96.77	Two Party	\$ 108.80 \$ 1,305.60
0.750	108.10	243.24	344.51	85.63	192.71	272.86	85.07	191.41	271.07	Family	\$ 153.90 \$ 1,846.80

** 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

<i>Life Insurance -Classified</i>		
	Single	Family
Monthly Premium	6.95	7.48
24 Deductions		
FTE		
1.000	0	0
0.750	1.74	1.87

**LTD Benefit	11.42
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** Paid by District