

**2018-2019 Insurance Rates  
Administrators**

	Select Health Med +			Select Health Value			Select Health Health Save			***District H.S.A. Contribution		
	Single	Couple	Family	Single	Couple	Family	Single	Couple	Family	Monthly	Annually	
<b>Monthly Premium</b>	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										Employee	\$ 88.90	\$ 1,066.80
FTE										Two Party	\$ 200.00	\$ 2,400.00
1.000	90.21	203.58	287.56	67.78	153.16	216.08	88.52	199.71	282.08	Family	\$ 283.20	\$ 3,398.40

\*\* 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
<b>Monthly Premium</b>	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

<b>**Life Insurance -Administrators</b>		
	Single	Family
Monthly Premium	6.95	7.48

\*\* Paid by District

<b>**LTD Benefit</b>	
	11.42

\*\* Paid by District