

2020-2021

Health Insurance Rates

| Dental | Monthly Billed Rates | |
|-------------------|----------------------|----------|
| | High | Low |
| Employee Only | \$ 47.27 | \$ 25.22 |
| Employee + One | \$ 89.60 | \$ 49.04 |
| Employee + Family | \$ 139.44 | \$ 88.77 |

| High Plan Employee Pays Per Check | | |
|--------------------------------------|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 23.64 | \$ 28.36 | \$ 31.51 |
| \$ 44.80 | \$ 53.76 | \$ 59.73 |
| \$ 69.72 | \$ 83.66 | \$ 92.96 |

| Low Plan Employee Pays Per Check | | |
|-------------------------------------|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 12.61 | \$ 15.13 | \$ 16.81 |
| \$ 24.52 | \$ 29.42 | \$ 32.69 |
| \$ 44.39 | \$ 53.26 | \$ 59.18 |

| EyeMed | Monthly Billed Rates | |
|-----------------------|----------------------|---------|
| | Employee Only | \$ 7.75 |
| Employee + Spouse | \$ 14.71 | |
| Employee+ Child (ren) | \$ 15.49 | |
| Employee+Family | \$ 22.77 | |

| Employee Pays Per Check | | |
|-------------------------|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 3.88 | \$ 4.65 | \$ 5.17 |
| \$ 7.36 | \$ 8.83 | \$ 9.81 |
| \$ 7.75 | \$ 9.29 | \$ 10.33 |
| \$ 11.39 | \$ 13.66 | \$ 15.18 |

| Professional Educator Health Insurance | Monthly Billed Rates | |
|--|----------------------|-----------------|
| | Option 1 PPO | Option 2 H.S.A. |
| Employee Only | \$ 792.01 | \$ 690.16 |
| Employee + One | \$ 1,287.08 | \$ 1,126.36 |
| Employee +Family | \$ 1,792.52 | \$ 1,572.80 |

| Option 1 PPO Employee Pays Per Check | | |
|---|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 21.01 | \$ 25.21 | \$ 28.01 |
| \$ 268.54 | \$ 322.25 | \$ 358.05 |
| \$ 521.26 | \$ 625.51 | \$ 695.01 |

| Option 2 H.S.A. Employee Pays Per Check | | |
|--|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 218.10 | \$ 261.72 | \$ 290.80 |
| \$ 441.32 | \$ 529.58 | \$ 588.43 |

| Non Certified Health Insurance | Monthly Billed Rates | |
|--------------------------------|----------------------|-----------------|
| | Option 1 PPO | Option 2 H.S.A. |
| Employee Only | \$ 792.01 | \$ 690.16 |
| Employee + One | \$ 1,287.08 | \$ 1,126.36 |
| Employee +Family | \$ 1,792.52 | \$ 1,572.80 |

| Option 1 PPO Employee Pays Per Check | | |
|---|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 46.01 | \$ 55.21 | \$ 61.34 |
| \$ 293.54 | \$ 352.25 | \$ 391.39 |
| \$ 546.26 | \$ 655.51 | \$ 728.35 |

| Option 2 H.S.A. Employee Pays Per Check | | |
|--|----------------|----------------|
| 24 Pay Periods | 20 Pay Periods | 18 Pay Periods |
| \$ 218.10 | \$ 261.72 | \$ 290.80 |
| \$ 441.32 | \$ 529.58 | \$ 588.43 |