



2018-2019 INSURANCE PREMIUM AMOUNTS

	TOTAL MONTHLY PREMIUM	DISTRICT CONTRIBUTION	REMAINING EMPLOYEE MONTHLY PREMIUM	PER PAY DEDUCTION (21 PAYS)
CHOICE PLUS TWO (CP2) - \$350 deductible (PPO)				
CP2 - (Employee)	\$531.47	(\$450.00)	\$81.47	\$46.55
CP2 - (Empl + Spouse)	\$1,062.95	(\$450.00)	\$612.95	\$350.26
CP2 - (Empl + Children)	\$905.03	(\$450.00)	\$455.03	\$260.02
CP2 - (Empl + Family)	\$1,288.70	(\$450.00)	\$838.70	\$479.26
CP2 (DUAL Empl + Spouse) **	\$1,062.95	(\$900.00)	\$162.95	\$93.11
CP2 (DUAL Empl + Family) **	\$1,288.70	(\$900.00)	\$388.70	\$222.11
CHOICE PLUS HDHP - \$2700/\$5400 deductible				
HDHP\$2700 (Employee)	\$420.39	(\$450.00)	-\$29.61	-\$16.92
HDHP\$5400 (Empl + Spouse)	\$840.79	(\$450.00)	\$390.79	\$223.31
HDHP\$5400 (Empl + Children)	\$715.87	(\$450.00)	\$265.87	\$151.93
HDHP\$5400 (Empl + Family)	\$1,019.35	(\$450.00)	\$569.35	\$325.34
HDHP\$5400 (DUAL Empl + Spouse) **	\$840.79	(\$900.00)	-\$59.21	-\$33.83
HDHP\$5400 (DUAL Empl + Family) **	\$1,019.35	(\$900.00)	\$119.35	\$68.20
DELTA DENTAL PPO 1				
Delta Dental (Employee)			\$26.11	\$14.92
Delta Dental (Empl + Spouse)			\$52.22	\$29.84
Delta Dental (Empl + Children)			\$54.83	\$31.33
Delta Dental (Empl + Family)			\$78.32	\$44.75
DELTA DENTAL PPO 3				
Delta Dental (Employee)			\$45.01	\$25.72
Delta Dental (Empl + Spouse)			\$90.03	\$51.45
Delta Dental (Empl + Children)			\$94.53	\$54.02
Delta Dental (Empl + Family)			\$135.04	\$77.17
EDS DENTAL DMO				
EDS Dental (Employee)			\$9.17	\$5.24
EDS Dental (Empl + Spouse)			\$18.34	\$10.48
EDS Dental (Empl + Children)			\$23.85	\$13.63
EDS Dental (Empl + Family)			\$27.51	\$15.72
AVESIS VISION				
AVESIS (Employee)			\$7.02	\$4.01
AVESIS (Empl + Spouse)			\$13.27	\$7.58
AVESIS (Empl + Children)			\$14.47	\$8.27
AVESIS (Empl + Family)			\$18.62	\$10.64

*Employees who decline medical insurance are eligible for District-paid dental and vision insurance of their choice.

*Dependent children are covered until their 26th birthday on all plans.

*Dual Employee + Spouse: If both employee and spouse are employees of the district and one spouse pays all premiums, the District contribution will be double and be applied towards the spouse premium as listed above for the plan selected.

*Dual Employee + Family: If both employee and spouse are employees of the district and will cover dependent children, the District contribution will be double and be applied towards the family premium as listed above for the plan selected.

*Please note: The spouse who chooses to waive medical coverage for the dual contribution is not eligible for paid dental and vision.