

**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	1,012.90	1,434.00		
24 Deductions											
FTE											
1.000	51.05	114.85	162.76	28.52	64.25	90.99	25.93	58.41	82.72	Employee	\$ 48.30 \$ 579.60
0.750	104.24	234.50	332.13	82.07	184.69	261.49	81.77	184.02	260.53	Two Party	\$ 108.80 \$ 1,305.60
										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	39.50	89.40	128.50	19.90	45.00	64.80
24 Deductions						
	19.75	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