

**2022-2023
Administrators Insurance Rates**

	Select Health Value			Select Health Health Save			***District H.S.A.	
	Single	Couple	Family	Single	Couple	Family	Contribution	
Full Monthly Premium	618.90	1,392.20	1,971.10	587.00	1,320.20	1,869.10	Monthly	Annually
24 Deductions							Employee	\$ 88.90 \$ 1,066.80
Full Time Equivalent							Two Party	\$ 200.00 \$ 2,400.00
1.000	75.68	216.11	305.23	114.87	258.91	365.88	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
Full 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

**Life Insurance -Administrators		
	Single	Family
Monthly Premium	\$ 6.95	\$ 7.48

** Paid by District

**LTD Benefit	
	\$ 15.60

** Paid by District