

**2022-2023 Insurance Rates  
Licensed Professionals**

	Select Health Value			Select Health Health Save		
	Single	Couple	Family	Single	Couple	Family
<b>Full Monthly Premium</b>	\$ 618.90	\$ 1,392.20	\$ 1,971.10	\$ 587.00	\$ 1,320.20	\$ 1,869.10
24 Deductions Full time Equivalent						
1.000	\$ 128.95	\$ 290.25	\$ 410.47	\$ 112.35	\$ 252.65	\$ 357.27
0.900	\$ 147.00	\$ 330.84	\$ 467.98	\$ 130.47	\$ 293.40	\$ 415.00
0.830	\$ 159.64	\$ 359.24	\$ 508.23	\$ 143.15	\$ 321.92	\$ 455.41
0.800	\$ 165.05	\$ 371.42	\$ 525.49	\$ 148.58	\$ 334.14	\$ 472.73
0.750	\$ 174.08	\$ 391.71	\$ 554.24	\$ 157.64	\$ 354.51	\$ 501.59
0.700	\$ 183.10	\$ 412.01	\$ 582.99	\$ 166.70	\$ 374.89	\$ 530.45
0.666	\$ 189.24	\$ 425.80	\$ 602.55	\$ 172.85	\$ 388.74	\$ 550.08
0.600	\$ 201.15	\$ 452.59	\$ 640.50	\$ 184.81	\$ 415.63	\$ 588.18
0.555	\$ 209.27	\$ 470.85	\$ 666.38	\$ 192.96	\$ 433.97	\$ 614.16
0.500	\$ 219.20	\$ 493.18	\$ 698.01	\$ 202.93	\$ 456.38	\$ 645.91

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

Life - Teachers		
Monthly Premium	Single	Family
FTE		
1.000	\$ -	\$ -
0.900	\$ 0.35	\$ 0.38
0.830	\$ 0.59	\$ 0.64
0.800	\$ 0.70	\$ 0.75
0.750	\$ 0.87	\$ 0.94
0.700	\$ 1.05	\$ 1.12
0.666	\$ 1.17	\$ 1.25
0.600	\$ 1.39	\$ 1.50
0.555	\$ 1.55	\$ 1.67
0.500	\$ 1.74	\$ 1.87

<b>**LTD Benefit</b>	\$ 15.60
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\*\* Paid by District