

**2023-2024
Education Support Professionals Insurance Rates**

	Select Health Value			Select Health Health Save			**District H.S.A.	
	Single	Couple	Family	Single	Couple	Family	Contribution	
Full Monthly Premium	612.10	1,376.90	1,949.40	580.50	1,305.70	1,848.50	Monthly	Annually
24 Deductions							Employee	\$ 48.30 \$ 579.60
Full Time Equivalent							Two Party	\$ 108.80 \$ 1,305.60
1.000	30.36	68.35	96.80	27.32	61.54	87.10	Family	\$ 153.90 \$ 1,846.80
0.750	99.28	223.37	316.28	93.05	209.36	296.39	** Must be enrolled in Health Save	

EMI Dental						
	Choice PPO Plan			Advantage Co-Pay Plan		
	Single	Couple	Family	Single	Couple	Family
Monthly Premium	37.40	84.90	122.10	18.90	42.80	61.60
24 Deductions	18.70	42.45	61.05	9.45	21.40	30.80

Life Insurance -Classified		
Monthly Premium	Single	Family
24 Deductions		
FTE		
1.000	0	0
0.750	1.74	1.87

**LTD Benefit	\$ 16.16
----------------------	----------

** Paid by District