

Insurance Premiums

The premium rates shown are monthly premiums; half the amount is deducted from each pay check. The coverage for any selected coverage becomes effective on October 1, 2018. The costs listed are for full-time employees who regularly work at least 30 hours per week, and Bus Drivers. If you are classified as a part-time employee, please contact Business Office for rates.

Medical			
Coverage	Premium \$1,000 corridor	Premium \$2,000 corridor	HSA -\$3,000
Employee (District paid)	\$725.00	\$668.00	\$523.00
Spouse	\$671.00	\$620.00	\$483.00
Children	\$588.00	\$540.00	\$422.00
Family	\$1,121.00	\$1,067.00	\$831.00

KIDZ Plan			
Coverage	w/ \$1,000 corridor	w/ \$2,000 Corridor	w/HSA
1 Child	\$200.00	\$200.00	\$200.00
2 + Children	\$400.00	\$400.00	\$400.00

Dental		Vision	
Coverage		Coverage	
Employee (District paid)	\$37.24	Employee (District paid)	\$9.90
Spouse	\$35.04	1 Dependent	\$6.60
Children	\$50.54	Family	\$12.80
Family	\$85.52		

Supplemental Life Insurance (optional)			
Age as of 10/01/2018	Rate per \$1,000 coverage	Age as of 10/01/2018	Rate per \$1,000 coverage
Under 25	\$0.058	50-54	\$0.245
25-29	\$0.067	55-59	\$0.402
30-34	\$0.087	60-64	\$0.610
35-39	\$0.097	65-69	\$1.155
40-44	\$0.100	70-74	\$1.863
45-49	\$0.152	75 & Over	\$2.075