

CERTIFICATED MONTHLY INSURANCE RATES

2020-2021

130.82

20.26

1107.00

District Cost will be negotiated and may change

12 month rate is listed under plan name, employee cost is that monthly rate multiplied by 12 then divided by 11, due to the 11 check payroll deduction cycle.

	MEDICAL MONTHLY PREMIUM	DENTAL MONTHLY PREMIUM	VISION MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM	DISTRICT PORTION	ALL PREMIUMS MONTHLY EMPLOYEE PREMIUM
PLAN 1 with Rx PLAN A						
\$2,041.00	2,226.55	142.71	22.10	2,391.36	1,207.64	1,183.72
PLAN 4 with Rx PLAN B						
\$1,802.00	1,965.82	142.71	22.10	2,130.63	1,207.64	923.00
PLAN 6 with Rx PLAN B						
\$1,659.00	1,809.82	142.71	22.10	1,974.63	1,207.64	767.00
Wellness Plan Option						
\$1,681.00	1,833.82	142.71	22.10	1,998.63	1,207.64	791.00
PLAN 9 with Rx PLAN A						
\$1,347.00	1,469.45	142.71	22.10	1,634.27	1,207.64	426.63
PLAN HDHP-2						
\$1,016.00	1,108.36	142.71	22.10	1,273.18	1,207.64	65.54
PLAN BRONZE						
\$934.00	1,018.91	142.71	22.10	1,183.72	1,207.64	-

**Costs include \$1.22 for EAP
8.18.20