

**CLASSIFIED MONTHLY INSURANCE RATES**  
**2020-2021**

130.82

20.26

1132.00

*\*District Cost will be negotiated and may change\**  
**12 MONTH RATES**

					<b>ALL PREMIUMS</b>	
	<b>MEDICAL MONTHLY PREMIUM</b>	<b>DENTAL MONTHLY PREMIUM</b>	<b>VISION MONTHLY PREMIUM</b>	<b>TOTAL MONTHLY PREMIUM</b>	<b>DISTRICT PORTION</b>	<b>MONTHLY EMPLOYEE PREMIUM</b>
<b>PLAN 4 with Rx PLAN A</b>						
\$1,811.00	\$1,811.00	130.82	20.26	1,962.08	1,132.00	830.08
<b>PLAN 7 with Rx PLAN B</b>						
\$1,644.00	\$1,644.00	130.82	20.26	1,795.08	1,132.00	663.08
<b>PLAN 8 with Rx PLAN B</b>						
\$1,501.00	\$1,501.00	130.82	20.26	1,652.08	1,132.00	520.08
<b>Wellness Plan Option</b>						
\$1,681.00	\$1,681.00	130.82	20.26	1,832.08	1,132.00	700.08
<b>PLAN 9 with Rx PLAN A</b>						
\$1,347.00	\$1,347.00	130.82	20.26	1,498.08	1,132.00	366.08
<b>PLAN HDHP-2</b>						
\$1,016.00	\$1,016.00	130.82	20.26	1,167.08	1,132.00	35.08
<b>BRONZE PLAN</b>						
\$934.00	\$934.00	130.82	20.26	1,085.08	1,085.08	0.00

\*\*Costs include \$1.27 for EAP

Revised 8.18.20