

MOUNTAIN HOME SCHOOL DISTRICT #193 INSURANCE RATES

EFFECTIVE: SEPTEMBER 1, 2020

HEALTH - SELECTHEALTH PPO SIGNATURE PLUS		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$582.50	\$582.50	\$0.00
EMPLOYEE + SPOUSE	\$1,277.20	\$582.50	\$694.70
EMPLOYEE + CHILD	\$894.50	\$582.50	\$312.00
EMPLOYEE + CHILDREN	\$1036.90	\$582.50	\$454.40
FAMILY	\$1474.20	\$582.50	\$891.70
DUAL EMPLOYEE FAMILY	\$1,474.20	\$1,165.00	\$309.20

HEALTH SELECTHEALTH-HEALTH SAVINGS PLAN		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$503.60	\$503.60	\$0.00
EMPLOYEE + SPOUSE	\$1,104.10	\$503.60	\$600.50
EMPLOYEE + CHILD	\$773.30	\$503.60	\$269.70
EMPLOYEE + CHILDREN	\$896.40	\$503.60	\$392.80
FAMILY	\$1,274.50	\$503.60	\$770.90
DUAL EMPLOYEE FAMILY	\$1,274.50	\$1,007.20	\$267.30

***If an employee has the Health Savings Plan, the District will deposit \$78.90 per month into his/her H S A account.**

DENTAL-DELTA DENTAL		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$39.19	\$39.19	\$0.00
EMPLOYEE + SPOUSE	\$74.46	\$39.19	\$35.27
EMPLOYEE + CHILD	\$74.46	\$39.19	\$35.27
EMPLOYEE + CHILDREN	\$109.73	\$39.19	\$70.54
FAMILY	\$109.73	\$39.19	\$70.54
DUAL EMPLOYEE FAMILY	\$109.73	\$78.38	\$31.35

DENTAL-WILLAMETTE (BCI DENTAL BLUE CONNECT)		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$54.40	\$39.19	\$15.21
EMPLOYEE + SPOUSE	\$93.10	\$39.19	\$53.91
EMPLOYEE + CHILD	\$93.10	\$39.19	\$53.91
EMPLOYEE + CHILDREN	\$135.39	\$39.19	\$96.20
FAMILY	\$135.39	\$39.19	\$96.20
DUAL EMPLOYEE FAMILY	\$135.39	\$78.38	\$57.01

VISION - LIFEMAP		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$6.92	\$6.92	\$0.00
EMPLOYEE + SPOUSE	\$13.83	\$6.92	\$6.91
EMPLOYEE + CHILD(REN)	\$14.82	\$6.92	\$7.90
FAMILY	\$23.67	\$6.92	\$16.75
DUAL EMPLOYEE FAMILY	\$23.67	\$13.84	\$9.83

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EFFECTIVE: SEPTEMBER 1, 2020

TOTALS: SELECTHEALTH - PPO/DENTAL/VISION

<u>DISTRICT CONTRIBUTION</u>	EMPLOYEE-SELECTHEALTH PPO DELTA DENTAL CONTRIBUTION	EMPLOYEE-SELECTHEALTH PPO WILLAMETTE CONTRIBUTION
EMPLOYEE ONLY \$628.61	\$0.00	\$15.21
EMPLOYEE + SPOUSE \$628.61	\$736.88	\$755.52
EMPLOYEE + CHILD \$628.61	\$355.17	\$373.81
EMPLOYEE + CHILD(REN) \$628.61	\$532.84	\$558.50
FAMILY \$628.61	\$978.99	\$1,004.65
DUAL EMPLOYEE FAMILY \$1,257.22	\$350.38	\$376.04

TOTALS: SELECTHEALTH - HEALTH SAVINGS(HSA)/DENTAL/VISION

<u>DISTRICT CONTRIBUTION</u>	EMPLOYEE-SELECTHEALTH HSA / DELTA DENTAL CONTRIBUTION	EMPLOYEE-SELECTHEALTH HSA/ WILLAMETTE CONTRIBUTION
EMPLOYEE ONLY * \$549.71	\$0.00	\$15.21
EMPLOYEE + SPOUSE * \$549.71	\$642.68	\$661.32
EMPLOYEE + CHILD * \$549.71	\$312.87	\$331.51
EMPLOYEE + CHILD(REN) * \$549.71	\$471.24	\$496.90
FAMILY * \$549.71	\$858.19	\$883.85
DUAL EMPLOYEE FAMILY * \$1,099.42	\$308.48	\$334.14

***If an employee has the Health Savings Plan, the District will deposit \$78.90 per month into his/her H S A account.**