

Insurance rates are effective September 1, 2018. If you need additional information, please visit the district website at [d91.k12.id.us](http://d91.k12.id.us)→Employee Website→Departments→Human Resources→District Provided & Supplemental Insurance (second row, middle blue box) or contact Human Resources at 525-7555.

**Classified Blue Cross Medical Insurance Premiums 2018-2019**

6.51 to 7 hours per day			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$16.72	\$584.45	\$0.00	\$584.45	\$0.00
2 Party	\$1,327.95	\$740.37	\$1,284.70	\$700.25	\$1,284.70	\$700.25
Family	\$1,538.40	\$950.82	\$1,487.25	\$902.80	\$1,487.25	\$902.80
2 Party No Spouse	\$931.25	\$343.67	\$902.75	\$318.30	\$902.75	\$318.30
Family No Spouse	\$1,081.55	\$493.97	\$1,047.45	\$463.00	\$1,047.45	\$463.00

6.01 to 6.50 hours per day			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$58.69	\$584.45	\$41.75	\$584.45	\$41.75
2 Party	\$1,327.95	\$782.34	\$1,284.70	\$742.00	\$1,284.70	\$742.00
Family	\$1,538.40	\$992.79	\$1,487.25	\$944.55	\$1,487.25	\$944.55
2 Party No Spouse	\$931.25	\$385.64	\$902.75	\$360.05	\$902.75	\$360.05
Family No Spouse	\$1,081.55	\$535.94	\$1,047.45	\$504.75	\$1,047.45	\$504.75

6.00 hours per day			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$100.66	\$584.45	\$83.49	\$584.45	\$83.49
2 Party	\$1,327.95	\$824.31	\$1,284.70	\$783.74	\$1,284.70	\$783.74
Family	\$1,538.40	\$1,034.76	\$1,487.25	\$986.29	\$1,487.25	\$986.29
2 Party No Spouse	\$931.25	\$427.61	\$902.75	\$401.79	\$902.75	\$401.79
Family No Spouse	\$1,081.55	\$577.91	\$1,047.45	\$546.49	\$1,047.45	\$546.49

**Less than 30 hours per week:** You will not be eligible for insurance benefits through the district.  
**Special Medical Insurance Premium Considerations:**

**If your spouse works for the district:** If both husband and wife work full-time for the district and elect family coverage, the district subtracts two district shares from the total family cost to calculate the employee's cost.

## Classified Dental Insurance Premiums 2018-2019

6.51 to 7 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$34.75	\$0.00	\$41.00	\$0.00	\$41.00	\$0.00
2 Party	\$72.87	\$38.12	\$81.95	\$40.95	\$81.95	\$40.95
Family	\$111.83	\$77.08	\$125.85	\$84.85	\$125.85	\$84.85
Employee + child/children	N/A	N/A	\$81.15	\$40.15	\$81.15	\$40.15

  

6.01 to 6.50 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$34.75	\$2.48	\$41.00	\$2.93	\$41.00	\$2.93
2 Party	\$72.87	\$40.60	\$81.95	\$43.88	\$81.95	\$43.88
Family	\$111.83	\$79.56	\$125.85	\$87.78	\$125.85	\$87.78
Employee + child/children	N/A	N/A	\$81.15	\$43.08	\$81.15	\$43.08

  

6.00 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$34.75	\$4.96	\$41.00	\$5.86	\$41.00	\$5.86
2 Party	\$72.87	\$43.08	\$81.95	\$46.81	\$81.95	\$46.81
Family	\$111.83	\$82.04	\$125.85	\$90.71	\$125.85	\$90.71
Employee + child/children	N/A	N/A	\$81.15	\$46.01	\$81.15	\$46.01

**Less than 30 hours per week:** You will not be eligible for dental insurance through the district.

**Special Considerations:**

**If your spouse works for the district:** If both husband and wife work full-time for the district and elect family coverage, the district subtracts two district shares from the total family cost to calculate the employee's cost.

### Life Insurance

The district provides \$50,000 of term life insurance coverage through UNUM for each full-time employee on a prorated basis up to age 70 with reduced benefits for active employees who are 70 or older.

**Pro-rated Life Insurance Table**

From	To	District	Employee Share
6.51	7.00	\$4.50	\$0.00
6.01	6.50	\$4.18	\$0.32
6.00	6.00	\$3.86	\$0.64

**Less than 30 hours per week:** You will not be eligible for life insurance through the district.

You may also purchase dependent life insurance from UNUM for your dependents at a cost of \$2.05 per month for your family. This will provide \$10,000 of coverage on your spouse and \$5,000 for each dependent child under age 26. You must check the box on the top of the UNUM form to enroll in dependent coverage.