

Insurance rates are effective September 1, 2016. If you need additional information, please visit the district website at 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 2016-2017

6.51 to 7 hours per day

Traditional PPO

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$16.72
2 Party	\$1,256.90	\$701.47
Family	\$1,456.10	\$900.67
2 Party No Spouse	\$881.55	\$326.12
Family No Spouse	\$1,023.75	\$468.32

H S A Option

Total Cost	Employee Share
\$552.80	\$0.00
\$1,214.40	\$661.60
\$1,406.50	\$853.70
\$851.55	\$298.75
\$988.90	\$436.10

6.01 to 6.50 hours per day

Traditional PPO

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$56.39
2 Party	\$1,256.90	\$741.14
Family	\$1,456.10	\$940.34
2 Party No Spouse	\$881.55	\$365.79
Family No Spouse	\$1,023.75	\$507.99

H S A Option

Total Cost	Employee Share
\$552.80	\$39.49
\$1,214.40	\$701.09
\$1,406.50	\$893.19
\$851.55	\$338.24
\$988.90	\$475.59

6.00 hours per day

Traditional PPO

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$96.07
2 Party	\$1,256.90	\$780.82
Family	\$1,456.10	\$980.02
2 Party No Spouse	\$881.55	\$405.47
Family No Spouse	\$1,023.75	\$547.67

H S A Option

Total Cost	Employee Share
\$552.80	\$78.97
\$1,214.40	\$740.57
\$1,406.50	\$932.67
\$851.55	\$377.72
\$988.90	\$515.07

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 2016-2017

6.51 to 7 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share		
Individual	\$34.75	\$0.00	\$39.05	\$0.00		
2 Party	\$72.87	\$38.12	\$78.08	\$39.03		
Family	\$111.83	\$77.08	\$119.85	\$80.80		
Employee + child/children	N/A	N/A	\$77.30	\$38.25		

6.01 to 6.50 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share		
Individual	\$34.75	\$2.48	\$39.05	\$2.79		
2 Party	\$72.87	\$40.60	\$78.08	\$41.82		
Family	\$111.83	\$79.56	\$119.85	\$83.59		
Employee + child/children	N/A	N/A	\$77.30	\$41.04		

6.00 hours per day			Delta Dental		Willamette Dental	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share		
Individual	\$34.75	\$4.96	\$39.05	\$5.58		
2 Party	\$72.87	\$43.08	\$78.08	\$44.61		
Family	\$111.83	\$82.04	\$119.85	\$86.38		
Employee + child/children	N/A	N/A	\$77.30	\$43.83		

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 LifeMap 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	\$5.50	\$0.00
6.01	6.50	\$4.95	\$0.55
6.00	6.00	\$4.40	\$1.10

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 LifeMap 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 Life Map form to enroll in dependent coverage.