

Insurance rates are effective September 1, 2017. 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.

**Certified Blue Cross Medical Insurance Premiums 2017-2018**

**For .91 to 1.00 FTE      Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$585.75	\$16.72
2 Party	\$1,286.95	\$717.92
Family	\$1,490.90	\$921.87
2 Party No Spouse	\$902.55	\$333.52
Family No Spouse	\$1,048.20	\$479.17

**H S A Option**

Total Cost	Employee Share
\$566.50	\$0.00
\$1,245.05	\$678.55
\$1,441.30	\$874.80
\$874.95	\$308.45
\$1,015.15	\$448.65

**For .81 to .90 FTE      Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$585.75	\$73.62
2 Party	\$1,286.95	\$774.82
Family	\$1,490.90	\$978.77
2 Party No Spouse	\$902.55	\$390.42
Family No Spouse	\$1,048.20	\$536.07

**H S A Option**

Total Cost	Employee Share
\$566.50	\$56.65
\$1,245.05	\$735.20
\$1,441.30	\$931.45
\$874.95	\$365.10
\$1,015.15	\$505.30

**For .75 to .80 FTE      Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$585.75	\$130.53
2 Party	\$1,286.95	\$831.73
Family	\$1,490.90	\$1035.68
2 Party No Spouse	\$902.55	\$447.33
Family No Spouse	\$1,048.20	\$592.98

**H S A Option**

Total Cost	Employee Share
\$566.50	\$113.30
\$1,245.05	\$791.85
\$1,441.30	\$988.10
\$874.95	\$421.75
\$1,015.15	\$561.95

**Less than .75 FTE:** You will not be eligible for medical 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.

## Certified Dental Insurance Premiums 2017-2018

For .91 to 1.00 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$0.00
2 Party	\$72.86	\$38.11
Family	\$111.83	\$77.08
Employee + Child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$39.05	\$0.00
\$78.08	\$39.03
\$119.85	\$80.80
\$77.30	\$38.25

For .81 to .90 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$3.47
2 Party	\$72.86	\$41.58
Family	\$111.83	\$80.55
Employee + child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$39.05	3.90
\$78.08	42.93
\$119.85	84.70
\$77.30	42.15

For .75 to .80 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$6.95
2 Party	\$72.86	\$45.06
Family	\$111.83	\$84.03
Employee + child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$39.05	\$7.81
\$78.08	\$46.84
\$119.85	\$88.61
\$77.30	\$46.06

**Less than .75 FTE:** 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
0.75	0.80	\$3.60	\$0.90
0.81	0.90	\$4.05	\$0.45
0.91	1.00	\$4.50	\$0.00

**Less than .75 FTE:** 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.