

Insurance rates are effective September 1, 2017. 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 2017-2018

6.51 to 7 hours per day

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 |

6.01 to 6.50 hours per day

Traditional PPO

| Coverage | Total Cost | Employee Share |
|-------------------|------------|----------------|
| Individual | \$585.75 | \$57.36 |
| 2 Party | \$1,286.95 | \$758.56 |
| Family | \$1,490.90 | \$962.51 |
| 2 Party No Spouse | \$902.55 | \$374.16 |
| Family No Spouse | \$1,048.20 | \$519.81 |

H S A Option

| Total Cost | Employee Share |
|------------|----------------|
| \$566.50 | \$40.46 |
| \$1,245.05 | \$719.01 |
| \$1,441.30 | \$915.26 |
| \$874.95 | \$348.91 |
| \$1,015.15 | \$489.11 |

6.00 hours per day

Traditional PPO

| Coverage | Total Cost | Employee Share |
|-------------------|------------|----------------|
| Individual | \$585.75 | \$98.01 |
| 2 Party | \$1,286.95 | \$799.21 |
| Family | \$1,490.90 | \$1,003.16 |
| 2 Party No Spouse | \$902.55 | \$414.81 |
| Family No Spouse | \$1,048.20 | \$560.46 |

H S A Option

| Total Cost | Employee Share |
|------------|----------------|
| \$566.50 | \$80.93 |
| \$1,245.05 | \$759.48 |
| \$1,441.30 | \$955.73 |
| \$874.95 | \$389.38 |
| \$1,015.15 | \$529.58 |

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 2017-2018

| 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 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.