

Insurance rates are effective September 1, 2021. The first premium deduction will be August 20, 2021. 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 2021-2022

6.51 to 7 hours per day

Traditional PPO		
Coverage	Total Cost	Employee Share
Individual	\$718.70	\$51.50
2 Party	\$1,580.70	\$913.50
Family	\$1,831.40	\$1,164.20
2 Party No Spouse	\$1,108.20	\$441.00
Family No Spouse	\$1,287.25	\$620.05

H S A Option	
Total Cost	Employee Share
\$571.30	-\$95.90
\$1,256.95	\$589.75
\$1,455.25	\$788.05
\$882.95	\$215.75
\$1,024.65	\$357.45

MVN - CCO	
Total Cost	Employee Share
\$668.50	\$1.30
\$1,470.30	\$803.10
\$1,703.40	\$1,036.20
\$1,030.80	\$363.60
\$1,197.35	\$530.15

6.01 to 6.50 hours per day

Traditional PPO		
Coverage	Total Cost	Employee Share
Individual	\$718.70	\$99.16
2 Party	\$1,580.70	\$961.16
Family	\$1,831.40	\$1,211.86
2 Party No Spouse	\$1,108.20	\$488.66
Family No Spouse	\$1,287.25	\$667.71

H S A Option	
Total Cost	Employee Share
\$571.30	-\$48.24
\$1,256.95	\$637.41
\$1,455.25	\$835.71
\$882.95	\$263.41
\$1,024.65	\$405.11

MVN- CCO	
Total Cost	Employee Share
\$668.50	\$48.96
\$1,470.30	\$850.76
\$1,703.40	\$1,083.86
\$1,030.80	\$411.26
\$1,197.35	\$577.81

6.00 hours per day

Traditional PPO		
Coverage	Total Cost	Employee Share
Individual	\$718.70	\$146.81
2 Party	\$1,580.70	\$1,008.81
Family	\$1,831.40	\$1,259.51
2 Party No Spouse	\$1,108.20	\$536.31
Family No Spouse	\$1,287.25	\$715.36

H S A Option	
Total Cost	Employee Share
\$571.30	\$0
\$1,256.95	\$685.06
\$1,455.25	\$883.36
\$882.95	\$311.06
\$1,024.65	\$452.76

MVN- CCO	
Total Cost	Employee Share
\$668.50	\$96.61
\$1,470.30	\$898.41
\$1,703.40	\$1,131.51
\$1,030.80	\$458.91
\$1,197.35	\$625.46

**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 2021-2022

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	\$45.05	\$2.00	\$45.05	\$2.00
2 Party	\$72.87	\$38.12	\$90.05	\$47.00	\$90.05	\$47.00
Family	\$111.83	\$77.08	\$138.30	\$95.25	\$138.30	\$95.25
Employee + child/children	N/A	N/A	\$89.20	\$46.15	\$89.20	\$46.15

  

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	\$45.05	\$5.07	\$45.05	\$5.07
2 Party	\$72.87	\$40.60	\$90.05	\$50.07	\$90.05	\$50.07
Family	\$111.83	\$79.56	\$138.30	\$98.32	\$138.30	\$98.32
Employee + child/children	N/A	N/A	\$89.20	\$49.22	\$89.20	\$49.22

  

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	\$45.05	\$8.15	\$45.05	\$8.15
2 Party	\$72.87	\$43.08	\$90.05	\$53.15	\$90.05	\$53.15
Family	\$111.83	\$82.04	\$138.30	\$101.40	\$138.30	\$101.40
Employee + child/children	N/A	N/A	\$89.20	\$52.30	\$89.20	\$52.30

**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.