

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→Employee Website→Departments→Human Resources→ District Provided & Supplemental Insurance (second row, middle blue box) or contact Human Resources at 525-7555.

Certified Blue Cross Monthly Medical Insurance Premiums 2021-2022

For .91 to 1.0 FTE			Traditional PPO		H S A Option		MVN- CCO	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$718.70	\$51.50	\$571.30	-\$95.90	\$668.50	\$1.30		
2 Party	\$1,580.70	\$913.50	\$1,256.95	\$589.75	\$1,470.30	\$803.10		
Family	\$1,831.40	\$1,164.20	\$1,455.25	\$788.05	\$1,703.40	\$1,036.20		
2 Party No Spouse	\$1,108.20	\$441.00	\$882.95	\$215.75	\$1,030.80	\$363.60		
Family No Spouse	\$1,287.25	\$620.05	\$1,024.65	\$357.45	\$1,197.35	\$530.15		

For .81 to .90 FTE			Traditional PPO		H S A Option		MVN- CCO	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$718.70	\$118.22	\$571.30	-\$29.18	\$668.50	\$68.02		
2 Party	\$1,580.70	\$980.22	\$1,256.95	\$656.47	\$1,470.30	\$869.82		
Family	\$1,831.40	\$1,230.92	\$1,455.25	\$854.77	\$1,703.40	\$1,102.92		
2 Party No Spouse	\$1,108.20	\$507.72	\$882.95	\$282.47	\$1,030.80	\$430.32		
Family No Spouse	\$1,287.25	\$686.77	\$1,024.65	\$424.17	\$1,197.35	\$596.87		

For .75 to .80 FTE			Traditional PPO		H S A Option		MVN- CCO	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$718.70	\$184.94	\$571.30	\$37.54	\$668.50	\$134.74		
2 Party	\$1,580.70	\$1,046.94	\$1,256.95	\$723.19	\$1,470.30	\$936.54		
Family	\$1,831.40	\$1,297.64	\$1,455.25	\$921.49	\$1,703.40	\$1,169.64		
2 Party No Spouse	\$1,108.20	\$574.44	\$882.95	\$349.19	\$1,030.80	\$497.04		
Family No Spouse	\$1,287.25	\$753.49	\$1,024.65	\$490.89	\$1,197.35	\$663.59		

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 2021-2022

For .91 to 1.0 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
\$45.05	\$2.00
\$90.05	\$47.00
\$138.30	\$95.25
\$89.20	\$46.15

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
\$45.05	\$6.30
\$90.05	\$51.30
\$138.30	\$99.55
\$89.20	\$50.45

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
\$45.05	\$10.61
\$90.05	\$55.61
\$138.30	\$103.86
\$89.20	\$54.76

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.