

# BTA CERTIFICATED

## INSURANCE RATES 2018

<u>INSURANCE PLAN</u>	<u>FAMILY MEMBERS</u>	<u>YOU PAY</u>	<u>DISTRICT PAYS</u>
UnitedHealthCare HMO Network 1	Employee Only	\$ 0.00	\$ 832.00
	Employee Plus One	378.00	1252.00
	Employee Plus Family	1035.00	1252.00
UnitedHealthCare HMO Network 2	Employee Only	\$ 245.00	\$ 832.00
	Employee Plus One	885.00	1232.00
	Employee Plus Family	1742.00	1232.00
UnitedHealthCare HMO Network 3	Employee Only	\$ 444.00	\$ 832.00
	Employee Plus One	1272.00	1232.00
	Employee Plus Family	2287.00	1232.00
UnitedHealthCare PPO	Employee Only	\$ 926.00	\$ 832.00
	Employee Plus One	2216.00	1232.00
	Employee Plus Family	3601.00	1232.00
Kaiser 10/10	Employee Only	\$ 0.00	\$ 698.00
	Employee Plus One	261.00	1118.00
	Employee Plus Family	825.00	1118.00
Delta Dental	Employee Only	\$ 0.00	\$ 71.77
	Employee Plus One	\$ 65.12	71.77
	Employee Plus Two	125.32	71.77
Metlife Dental	Employee Only	\$ 0.00	\$ 19.26
	Employee Plus One	14.48	19.26
	Employee Plus Two	27.14	19.26
Medical Eye Services	Employee Only	\$ 0.00	\$ 6.96
	Employee Plus One	6.56	6.96
	Employee Plus Two	13.14	6.96

Certificated Teachers that do not have a plus 1 for medical may use the \$420.00 per month that the district pays for medical towards plus 1 or family for dental and/or vision.