

Insurance Type	Employee Only EE	Employee w/Spouse ES	Employee & 2 or less CH EC 1,2	Employee & 3 or more CH EC 3+	Employee SPS + 1,2 CH FAM 1,2	Employee SPS 3+ CH FAM 3+	2 Employee Family 2 or less CH	2 Employee Family 3 or more CH
Blue Classic PPO								
Total Premium	\$ 590.00	\$ 1,040.00	\$ 996.00	\$ 1,035.00	\$ 1,192.00	\$ 1,342.00	\$ 757.00	\$ 826.00
District Pays	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Employee Pays	\$ 90.00	\$ 540.00	\$ 496.00	\$ 535.00	\$ 692.00	\$ 842.00	\$ 257.00	\$ 326.00
					(2 employee spouse pays)		\$ 90.00	\$ 90.00
District Pays	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	N/A	
1/2 Time Employee Pays	\$ 312.50	\$ 782.90	\$ 779.50	\$ 822.00	\$ 982.50	\$ 1,139.00		

Insurance Type	Employee Only EE	Employee w/Spouse ES	Employee & 2 or less CH EC 1,2	Employee & 3 or more CH EC 3+	Employee SPS + 1,2 CH FAM 1,2	Employee SPS 3+ CH FAM 3+	2 Employee Family 2 or less CH	2 Employee Family 3 or more CH
HDHP/HSA 3000								
Total Premium	\$ 500.00	\$ 968.00	\$ 922.00	\$ 959.00	\$ 1,105.00	\$ 1,245.00	\$ 775.00	\$ 838.00
District Pays	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Employee Pays	\$ -	\$ 468.00	\$ 422.00	\$ 459.00	\$ 605.00	\$ 745.00	\$ 275.00	\$ 338.00
					(2 employee spouse pays)		\$ 275.00	\$ 338.00
District Pays	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	N/A	
1/2 Time Employee Pays	\$ 264.00	\$ 702.00	\$ 701.50	\$ 742.00	\$ 891.50	\$ 1,038.00		

Insurance Type	Employee Only EE	Employee w/Spouse ES	Employee & 2 or less CH EC 1,2	Employee & 3 or more CH EC 3+	Employee SPS + 1,2 CH FAM 1,2	Employee SPS 3+ CH FAM 3+	2 Employee Family 2 or less CH	2 Employee Family 3 or more CH
Blue Preferred EPO								
Total Premium	\$ 640.00	\$ 1,107.00	\$ 1,066.00	\$ 1,109.00	\$ 1,277.00	\$ 1,439.00	\$ 784.00	\$ 872.00
District Pays	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00
Employee Pays	\$ 140.00	\$ 607.00	\$ 566.00	\$ 609.00	\$ 777.00	\$ 939.00	\$ 284.00	\$ 372.00
					(2 employee spouse pays)		\$ 140.00	\$ 140.00
District Pays	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	\$ 250.00	N/A	
1/2 Time Employee Pays	\$ 362.50	\$ 845.00	\$ 849.50	\$ 896.00	\$ 1,067.50	\$ 1,236.00		

Insurance Type	Employee Only EE	Employee w/Spouse ES	Employee w/Child(ren) EC	Employee w/Family EF
Delta Dental				
Total Premium	\$ 34.00	\$ 68.00	\$ 85.00	\$ 119.00
District Pays	\$ 34.00	\$ 34.00	\$ 34.00	\$ 34.00
Employee Pays	\$ -	\$ 34.00	\$ 51.00	\$ 85.00
District Pays	\$ 17.00	\$ 17.00	\$ 17.00	\$ 17.00
1/2 Time Employee Pays	\$ 17.00	\$ 51.00	\$ 68.00	\$ 102.00

VSP - Vision				
Total Premium	\$ 8.18	\$ 13.10	\$ 13.37	\$ 21.55
Employee Pays	\$ 8.18	\$ 13.10	\$ 13.37	\$ 21.55