

Insurance Premiums for 2023

Benefit Plan	Total Premium	School Board Contribution Monthly	Monthly Employee Contribution	Bi-Weekly Employee Contribution	Monthly Dual Spouse Employees	Part-time Employee Contribution Monthly	Wellness Credit Monthly	Wellness Credit Bi-Weekly
Equity 3000 + HSA								
Employee Only	\$ 978.38	\$ 928.38	\$ 50.00	\$ 25.00	N/A	\$ 235.68	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,191.71	\$ 993.13	\$ 198.58	\$ 99.29	N/A	\$ 397.21	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,351.05	\$ 1,052.66	\$ 298.39	\$ 149.20	N/A	\$ 508.92	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,487.81	\$ 1,100.12	\$ 387.69	\$ 193.85	\$ 103.00	\$ 607.71	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,630.80	\$ 1,185.17	\$ 445.63	\$ 222.82	\$ 103.00	\$ 682.66	\$ 50.00	\$ 25.00
Vantage 35								
Employee Only	\$ 1,055.80	\$ 928.38	\$ 127.42	\$ 63.71	N/A	\$ 313.10	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,321.65	\$ 993.13	\$ 328.52	\$ 164.26	N/A	\$ 527.15	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,519.11	\$ 1,052.66	\$ 466.45	\$ 233.23	N/A	\$ 676.98	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,677.12	\$ 1,100.12	\$ 577.00	\$ 288.50	\$ 154.26	\$ 797.02	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,842.97	\$ 1,185.17	\$ 657.80	\$ 328.90	\$ 178.03	\$ 894.83	\$ 50.00	\$ 25.00
POS 1000								
Employee Only	\$ 1,068.85	\$ 928.38	\$ 140.47	\$ 70.24	N/A	\$ 326.15	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,338.56	\$ 993.13	\$ 345.43	\$ 172.72	N/A	\$ 544.06	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,538.55	\$ 1,052.66	\$ 485.89	\$ 242.95	N/A	\$ 696.42	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,697.33	\$ 1,100.12	\$ 597.21	\$ 298.61	\$ 179.52	\$ 817.23	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,863.47	\$ 1,185.17	\$ 678.30	\$ 339.15	\$ 204.26	\$ 915.33	\$ 50.00	\$ 25.00
DELTA DENTAL - PPO							****The Wellness credit is reflected in your paycheck each month****	
Employee Only	\$ 43.81	\$ 5.00	\$ 38.81	\$ 19.41	N/A	\$ 39.81		
Employee + Child	\$ 77.14	\$ 5.00	\$ 72.14	\$ 36.07	N/A	\$ 73.14		
Employee + Spouse	\$ 77.14	\$ 5.00	\$ 72.14	\$ 36.07	\$ 67.14	\$ 73.14		
Employee + Family	\$ 110.29	\$ 5.00	\$ 105.29	\$ 52.65	\$ 100.29	\$ 106.29		
DELTA DENTAL - DeltaEPO								
Employee Only	\$ 36.89	\$ 5.00	\$ 31.89	\$ 15.95	N/A	\$ 32.89		
Employee + Child	\$ 62.89	\$ 5.00	\$ 57.89	\$ 28.95	N/A	\$ 58.89		
Employee + Spouse	\$ 62.89	\$ 5.00	\$ 57.89	\$ 28.95	\$ 52.89	\$ 58.89		
Employee + Family	\$ 92.14	\$ 5.00	\$ 87.14	\$ 43.57	\$ 82.14	\$ 88.14		
Vision Service Plan - Choice Basic								
Employee Only	\$ 4.70	N/A	\$ 4.70	\$ 2.35	\$ 4.70	\$ 4.70		
Employee + Child(ren)	\$ 6.53	N/A	\$ 6.53	\$ 3.27	\$ 6.53	\$ 6.53		
Employee + Spouse	\$ 8.73	N/A	\$ 8.73	\$ 4.37	\$ 8.73	\$ 8.73		
Employee + Family	\$ 10.52	N/A	\$ 10.52	\$ 5.26	\$ 10.52	\$ 10.52		
Vision Service Plan - Choice High								
Employee Only	\$ 7.47	N/A	\$ 7.47	\$ 3.74	\$ 7.47	\$ 7.47		
Employee + Child(ren)	\$ 10.39	N/A	\$ 10.39	\$ 5.20	\$ 10.39	\$ 10.39		
Employee + Spouse	\$ 13.91	N/A	\$ 13.91	\$ 6.96	\$ 13.91	\$ 13.91		
Employee + Family	\$ 16.74	N/A	\$ 16.74	\$ 8.37	\$ 16.74	\$ 16.74		
Legal Resources								
Legal Plan	\$ 20.40	N/A	20.40	10.20	\$ 20.40	20.40		
IDP Gold Employee Only	\$ 9.60	N/A	9.60	4.80	\$ 9.60	9.60		
IDP Gold Couple	\$ 18.00	N/A	18.00	9.00	\$ 18.00	18.00		
IDP Gold Family	\$ 21.60	N/A	21.60	10.80	\$ 21.60	21.60		

**Premium Information - Rates effective December 2022 - 10 deductions December to November
(No deductions in July and August)**