

Insurance Premiums for 2022

Benefit Plan	School Board Contribution	Monthly Employee Contribution	Bi-Weekly Employee Contribution	Monthly Dual Spouse Employees	Part-time Employee Contribution	Wellness Credit Monthly	Wellness Credit Bi-Weekly
Equity 3000 + HSA							
Employee Only	\$ 846.00	\$ 50.00	\$ 25.00	N/A	\$ 167.10	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 905.00	\$ 192.80	\$ 96.40	N/A	\$ 325.60	\$ 50.00	\$ 25.00
Employee + Children	\$ 959.25	\$ 289.70	\$ 144.85	N/A	\$ 433.35	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,002.50	\$ 376.40	\$ 188.20	\$ 100.00	\$ 528.70	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,080.00	\$ 432.65	\$ 216.33	\$ 100.00	\$ 600.45	\$ 50.00	\$ 25.00
Vantage 35							
Employee Only	\$ 846.00	\$ 123.44	\$ 61.72	N/A	\$ 240.54	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 905.00	\$ 318.26	\$ 159.13	N/A	\$ 451.06	\$ 50.00	\$ 25.00
Employee + Children	\$ 959.25	\$ 451.88	\$ 225.94	N/A	\$ 595.53	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,002.50	\$ 558.98	\$ 279.49	\$ 149.48	\$ 711.28	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,080.00	\$ 637.26	\$ 318.63	\$ 172.51	\$ 805.06	\$ 50.00	\$ 25.00
POS 1000							
Employee Only	\$ 846.00	\$ 137.72	\$ 68.86	N/A	\$ 254.82	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 905.00	\$ 338.66	\$ 169.33	N/A	\$ 471.46	\$ 50.00	\$ 25.00
Employee + Children	\$ 959.25	\$ 476.36	\$ 238.18	N/A	\$ 620.01	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,002.50	\$ 585.50	\$ 292.75	\$ 176.00	\$ 737.80	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,080.00	\$ 665.00	\$ 332.50	\$ 200.25	\$ 832.80	\$ 50.00	\$ 25.00
DELTA DENTAL - PPO						****The Wellness credit is reflected in your paycheck each month****	
Employee Only	\$ 5.00	\$ 38.81	\$ 19.41	N/A	\$ 39.81		
Employee + Child	\$ 5.00	\$ 72.14	\$ 36.07	N/A	\$ 73.14		
Employee + Spouse	\$ 5.00	\$ 72.14	\$ 36.07	\$ 67.14	\$ 73.14		
Employee + Family	\$ 5.00	\$ 105.29	\$ 52.65	\$ 100.29	\$ 106.29		
DELTA DENTAL - DeltaEPO							
Employee Only	\$ 5.00	\$ 31.89	\$ 15.95	N/A	\$ 32.89		
Employee + Child	\$ 5.00	\$ 57.89	\$ 28.95	N/A	\$ 58.89		
Employee + Spouse	\$ 5.00	\$ 57.89	\$ 28.95	\$ 52.89	\$ 58.89		
Employee + Family	\$ 5.00	\$ 87.14	\$ 43.57	\$ 82.14	\$ 88.14		
Vision Service Plan - Choice Basic							
Employee Only	N/A	\$ 4.70	\$ 2.35	\$ 4.70	\$ 4.70		
Employee + Child(ren)	N/A	\$ 6.53	\$ 3.27	\$ 6.53	\$ 6.53		
Employee + Spouse	N/A	\$ 8.73	\$ 4.37	\$ 8.73	\$ 8.73		
Employee + Family	N/A	\$ 10.52	\$ 5.26	\$ 10.52	\$ 10.52		
Vision Service Plan - Choice High							
Employee Only	N/A	\$ 7.47	\$ 3.74	\$ 7.47	\$ 7.47		
Employee + Child(ren)	N/A	\$ 10.39	\$ 5.20	\$ 10.39	\$ 10.39		
Employee + Spouse	N/A	\$ 13.91	\$ 6.96	\$ 13.91	\$ 13.91		
Employee + Family	N/A	\$ 16.74	\$ 8.37	\$ 16.74	\$ 16.74		
Premium Information - Rates effective December 2021 - 10 deductions December to November (No deductions in July and August)							