

MOUNTAIN HOME SCHOOL DISTRICT #193 INSURANCE RATES

EFFECTIVE: SEPTEMBER 1, 2021

HEALTH - SELECTHEALTH PPO SIGNATURE PLUS		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$582.50	\$582.50	\$0.00
EMPLOYEE + SPOUSE	\$1,277.20	\$582.50	\$694.70
EMPLOYEE + CHILD	\$894.50	\$582.50	\$312.00
EMPLOYEE + CHILDREN	\$1036.90	\$582.50	\$454.40
FAMILY	\$1474.20	\$582.50	\$891.70
DUAL EMPLOYEE FAMILY	\$1,474.20	\$1,165.00	\$309.20

HEALTH SELECTHEALTH-HEALTH SAVINGS PLAN		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$503.60	\$503.60	\$0.00
EMPLOYEE + SPOUSE	\$1,104.10	\$503.60	\$600.50
EMPLOYEE + CHILD	\$773.30	\$503.60	\$269.70
EMPLOYEE + CHILDREN	\$896.40	\$503.60	\$392.80
FAMILY	\$1,274.50	\$503.60	\$770.90
DUAL EMPLOYEE FAMILY	\$1,274.50	\$1,007.20	\$267.30

***If an employee has the Health Savings Plan, the District will deposit \$78.90 per month into his/her H S A account.**

DENTAL-DELTA DENTAL		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$37.23	\$37.23	\$0.00
EMPLOYEE + SPOUSE	\$70.74	\$37.23	\$33.51
EMPLOYEE + CHILD	\$70.74	\$37.23	\$33.51
EMPLOYEE + CHILDREN	\$104.24	\$37.23	\$67.01
FAMILY	\$104.24	\$37.23	\$67.01
DUAL EMPLOYEE FAMILY	\$104.24	\$74.46	\$29.78

DENTAL-WILLAMETTE (BCI DENTAL BLUE CONNECT)		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$54.40	\$37.23	\$17.17
EMPLOYEE + SPOUSE	\$93.10	\$37.23	\$55.87
EMPLOYEE + CHILD	\$93.10	\$37.23	\$55.87
EMPLOYEE + CHILDREN	\$135.39	\$37.23	\$98.16
FAMILY	\$135.39	\$37.23	\$98.16
DUAL EMPLOYEE FAMILY	\$135.39	\$74.46	\$60.93

VISION - LIFEMAP		DISTRICT PAYS	EMPLOYEE COST
EMPLOYEE ONLY	\$6.92	\$6.92	\$0.00
EMPLOYEE + SPOUSE	\$13.83	\$6.92	\$6.91
EMPLOYEE + CHILD(REN)	\$14.82	\$6.92	\$7.90
FAMILY	\$23.67	\$6.92	\$16.75
DUAL EMPLOYEE FAMILY	\$23.67	\$13.84	\$9.83

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EFFECTIVE: SEPTEMBER 1, 2021

TOTALS: SELECTHEALTH - PPO/DENTAL/VISION

<u>DISTRICT CONTRIBUTION</u>	EMPLOYEE-SELECTHEALTH PPO DELTA DENTAL CONTRIBUTION	EMPLOYEE-SELECTHEALTH PPO WILLAMETTE CONTRIBUTION
EMPLOYEE ONLY \$626.65	\$0.00	\$17.17
EMPLOYEE + SPOUSE \$626.65	\$735.12	\$757.48
EMPLOYEE + CHILD \$626.65	\$353.41	\$375.77
EMPLOYEE + CHILD(REN) \$626.65	\$529.31	\$560.46
FAMILY \$626.65	\$975.46	\$1,006.61
DUAL EMPLOYEE FAMILY \$1,253.30	\$348.81	\$379.96

TOTALS: SELECTHEALTH - HEALTH SAVINGS(HSA)/DENTAL/VISION

<u>DISTRICT CONTRIBUTION</u>	EMPLOYEE-SELECTHEALTH HSA / DELTA DENTAL CONTRIBUTION	EMPLOYEE-SELECTHEALTH HSA/ WILLAMETTE CONTRIBUTION
EMPLOYEE ONLY *\$547.75	\$0.00	\$17.17
EMPLOYEE + SPOUSE *\$547.75	\$640.92	\$663.28
EMPLOYEE + CHILD *\$547.75	\$311.17	\$333.47
EMPLOYEE + CHILD(REN) *\$547.75	\$467.71	\$498.86
FAMILY *\$547.75	\$854.46	\$885.81
DUAL EMPLOYEE FAMILY *\$1,095.50	\$306.91	\$338.06

*If an employee has the Health Savings Plan, the District will deposit \$78.90 per month into his/her H S A account.