

## Medical Insurance Premiums

### Blue Cross Blue Shield S or Cigna Local Plus

	Employee Cost	Employer Pays	District %	Employer Contribution	Total Annual Benefit
Employee Only	Premium			H.S.A. Contribution	
Premier	\$0	\$683	100.00%		\$8,196.00
Standard	\$0	\$635	100.00%		\$7,620.00
Limited	\$0	\$600	100.00%		\$7,200.00
Local CDHP	\$0	\$523	100.00%	\$160.00	\$8,196.00
<b>Employee Plus Child(ren)</b>					
Premier	\$450	\$676	60.00%		\$8,107.20
Standard	\$397	\$649	62.00%		\$7,782.24
Limited	\$346	\$644	65.00%		\$7,722.00
Local CDHP	\$345	\$518	60.00%	\$160.00	\$8,133.60
<b>Employee Plus Spouse</b>					
Premier	\$588	\$881	60.00%		\$10,576.80
Standard	\$546	\$818	60.00%		\$9,820.80
Limited	\$516	\$775	60.00%		\$9,295.20
Local CDHP	\$450	\$675	60.00%	\$160.00	\$10,020.00
<b>Family</b>					
Premier	\$710	\$1,065	60.00%		\$12,780.00
Standard	\$660	\$989	60.00%		\$11,872.80
Limited	\$624	\$937	60.00%		\$11,239.20
Local CDHP	\$544	\$816	60.00%	\$160.00	\$11,712.00

\*Blue Cross Blue Shield Network P and Cigna Open Access:

Employee Only and Employee/Child(ren): \$65 Surcharge

Employee/Spouse and Family: \$130 Surcharge

## Dental Insurance

### Delta Dental DPPO or Cigna Prepaid DHMO

	Employee Cost	Employer Pays	District %
Employee Only	Premium		
Cigna Prepaid DHMO	\$13.84	\$0.00	0.00%
Delta Dental DPPO	\$19.82	\$0.00	0.00%
<b>Employee Plus Child(ren)</b>			
Cigna Prepaid DHMO	\$28.75	\$0.00	0.00%
Delta Dental DPPO	\$52.70	\$0.00	0.00%
<b>Employee Plus Spouse</b>			
Cigna Prepaid DHMO	\$24.54	\$0.00	0.00%
Delta Dental DPPO	\$38.98	\$0.00	0.00%
<b>Family</b>			
Cigna Prepaid DHMO	\$33.74	\$0.00	0.00%
Delta Dental DPPO	\$80.72	\$0.00	0.00%

## Vision Insurance

### EyeMed Basic or EyeMed Expanded

	Employee Cost	Employer Pays	District %
Employee Only	Premium		
EyeMed Basic	\$3.18	\$0.00	0.00%
EyeMed Expanded	\$6.30	\$0.00	0.00%
<b>Employee Plus Child(ren)</b>			
EyeMed Basic	\$6.35	\$0.00	0.00%
EyeMed Expanded	\$12.60	\$0.00	0.00%
<b>Employee Plus Spouse</b>			
EyeMed Basic	\$6.03	\$0.00	0.00%
EyeMed Expanded	\$11.98	\$0.00	0.00%
<b>Family</b>			
EyeMed Basic	\$9.33	\$0.00	0.00%
EyeMed Expanded	\$18.54	\$0.00	0.00%