

2022-2023 INSURANCE RATES AND COST-SHARE PREMIUMS

EDUCATIONAL SUPPORT PERSONNEL

OPTIONAL PLAN

\$3,000 Deductible

HEALTH: Blue Cross of Idaho

Dental: Delta Dental of Idaho

***Optional for part-time individuals dental coverage is available as an additional monthly payroll deduction**

HOURS PER DAY	FTE %	PYMT %	INS TYPE	HEALTH PREMIUM	DENTAL PREMIUM	TOTAL PREMIUM	DISTRICT PAYS	EMPLOYEE PAYS
8.0	1.00	1.00	Employee only	501.85	38.90	540.75	540.75	0.00
	1.00	0.80	Emp. + 1 child	750.80	66.60	817.40	817.40	0.00
	1.00	0.80	Emp. + children	862.15	94.00	956.15	949.51	6.64
	1.00	0.80	Emp. + spouse	1,050.93	66.60	1,117.53	1,093.65	23.88
	1.00	0.80	Full family	1,216.15	94.00	1,310.15	1,260.51	49.64
7.75 - 7.00	0.94	1.00	Employee only	501.85	*	501.85	501.85	0.00
hrs per day	0.94	0.80	Emp. + 1 child	750.80	*	750.80	722.34	28.46
	0.94	0.80	Emp. + children	862.15	*	862.15	814.54	47.61
	0.94	0.80	Emp. + spouse	1,050.93	*	1,050.93	970.64	80.29
	0.94	0.80	Full family	1,216.15	*	1,216.15	1,106.88	109.27
6.75 - 6.00	0.82	1.00	Employee only	501.85	*	501.85	451.04	50.81
hrs per day	0.82	0.80	Emp. + 1 child	750.80	*	750.80	630.13	120.67
	0.82	0.80	Emp. + children	862.15	*	862.15	710.56	151.59
	0.82	0.80	Emp. + spouse	1,050.93	*	1,050.93	846.72	204.21
	0.82	0.80	Full family	1,216.15	*	1,216.15	965.57	250.58
5.75 - 5.00	0.69	1.00	Employee only	501.85	*	501.85	379.54	122.31
hrs per day	0.69	0.80	Emp. + 1 child	750.80	*	750.80	530.23	220.57
	0.69	0.80	Emp. + children	862.15	*	862.15	597.91	264.24
	0.69	0.80	Emp. + spouse	1,050.93	*	1,050.93	712.49	338.44
	0.69	0.80	Full family	1,216.15	*	1,216.15	812.49	403.66
4.75 - 4.00	0.57	1.00	Employee only	501.85	*	501.85	313.52	188.33
hrs per day	0.57	0.80	Emp. + 1 child	750.80	*	750.80	438.01	312.79
	0.57	0.80	Emp. + children	862.15	*	862.15	493.92	368.23
	0.57	0.80	Emp. + spouse	1,050.93	*	1,050.93	588.57	462.36
	0.57	0.80	Full family	1,216.15	*	1,216.15	671.19	544.96

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