

**2023-2024 INSURANCE RATES AND COST-SHARE PREMIUMS
 CERTIFICATED EMPLOYEES
 BASIC PLAN
 \$1,500 Deductible
 HEALTH: Blue Cross of Idaho
 With Dental: Delta Dental of Idaho**

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

FTE %	PYMT %	INS TYPE	HEALTH PREMIUM	DENTAL PREMIUM	TOTAL PREMIUM	DISTRICT PAYS	EMPLOYEE PAYS
1.00	1.00	Employee only	586.85	40.08	626.93	626.93	-
	0.80	Emp. + 1 child	878.20	68.60	946.80	882.83	63.97
	0.80	Emp. + children	1,009.30	96.84	1,106.14	1,010.30	95.84
	0.80	Emp. + spouse	1,231.18	68.60	1,299.78	1,165.21	134.57
	0.80	Full family	1,424.50	96.84	1,521.34	1,342.46	178.88
0.90	1.00	Employee only	586.85	*	586.85	528.16	58.69
	0.80	Emp. + 1 child	878.20	*	878.20	737.95	140.26
	0.80	Emp. + children	1,009.30	*	1,009.30	832.33	176.97
	0.80	Emp. + spouse	1,231.18	*	1,231.18	992.08	239.10
	0.80	Full family	1,424.50	*	1,424.50	1,131.27	293.23
0.80	1.00	Employee only	586.85	*	586.85	469.48	117.37
	0.80	Emp. + 1 child	878.20	*	878.20	655.94	222.26
	0.80	Emp. + children	1,009.30	*	1,009.30	739.84	269.46
	0.80	Emp. + spouse	1,231.18	*	1,231.18	881.85	349.33
	0.80	Full family	1,424.50	*	1,424.50	1,005.58	418.92
0.75	1.00	Employee only	586.85	*	586.85	440.14	146.71
	0.80	Emp. + 1 child	878.20	*	878.20	614.95	263.25
	0.80	Emp. + children	1,009.30	*	1,009.30	693.61	315.69
	0.80	Emp. + spouse	1,231.18	*	1,231.18	826.74	404.44
	0.80	Full family	1,424.50	*	1,424.50	942.73	481.77
0.71	1.00	Employee only	586.85	*	586.85	416.66	170.19
	0.80	Emp. + 1 child	878.20	*	878.20	582.15	296.05
	0.80	Emp. + children	1,009.30	*	1,009.30	656.61	352.69
	0.80	Emp. + spouse	1,231.18	*	1,231.18	782.65	448.53
	0.80	Full family	1,424.50	*	1,424.50	892.45	532.05
0.67	1.00	Employee only	586.85	*	586.85	393.19	193.66
	0.80	Emp. + 1 child	878.20	*	878.20	549.36	328.84
	0.80	Emp. + children	1,009.30	*	1,009.30	619.63	389.67
	0.80	Emp. + spouse	1,231.18	*	1,231.18	738.55	492.63
	0.80	Full family	1,424.50	*	1,424.50	842.17	582.33
0.61	1.00	Employee only	586.85	*	586.85	357.98	228.87
	0.80	Emp. + 1 child	878.20	*	878.20	500.16	378.04
	0.80	Emp. + children	1,009.30	*	1,009.30	564.13	445.17
	0.80	Emp. + spouse	1,231.18	*	1,231.18	672.41	558.77
	0.80	Full family	1,424.50	*	1,424.50	766.75	657.75
0.57	1.00	Employee only	586.85	*	586.85	334.50	252.35
	0.80	Emp. + 1 child	878.20	*	878.20	467.36	410.84
	0.80	Emp. + children	1,009.30	*	1,009.30	527.14	482.16
	0.80	Emp. + spouse	1,231.18	*	1,231.18	628.32	602.86
	0.80	Full family	1,424.50	*	1,424.50	716.47	708.03
0.50	1.00	Employee only	586.85	*	586.85	293.43	293.43
	0.80	Emp. + 1 child	878.20	*	878.20	409.97	468.24
	0.80	Emp. + children	1,009.30	*	1,009.30	462.41	546.90
	0.80	Emp. + spouse	1,231.18	*	1,231.18	551.16	680.02
	0.80	Full family	1,424.50	*	1,424.50	628.49	796.02

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