

2023-2024 INSURANCE RATES AND COST-SHARE PREMIUMS

CERTIFICATED EMPLOYEES

OPTIONAL PLAN

\$3,000 Deductible

HEALTH: Blue Cross of Idaho

With 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 | 535.30 | 40.08 | 575.38 | 575.38 | 0.00 |
| | 0.80 | Emp. + 1 child | 801.00 | 68.60 | 869.60 | 869.60 | 0.00 |
| | 0.80 | Emp. + children | 920.00 | 96.84 | 1,016.84 | 1,010.30 | 6.54 |
| | 0.80 | Emp. + spouse | 1,121.83 | 68.60 | 1,190.43 | 1,165.21 | 25.22 |
| | 0.80 | Full family | 1,298.10 | 96.84 | 1,394.94 | 1,342.46 | 52.48 |
| 0.90 | 1.00 | Employee only | 535.30 | * | 535.30 | 528.16 | 7.14 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 737.94 | 63.06 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 832.33 | 87.67 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 992.08 | 129.75 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 1,131.27 | 166.83 |
| 0.80 | 1.00 | Employee only | 535.30 | * | 535.30 | 469.48 | 65.82 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 655.94 | 145.06 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 739.84 | 180.16 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 881.85 | 239.98 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 1,005.58 | 292.52 |
| 0.75 | 1.00 | Employee only | 535.30 | * | 535.30 | 440.14 | 95.16 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 614.95 | 186.05 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 693.61 | 226.39 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 826.74 | 295.09 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 942.73 | 355.37 |
| 0.71 | 1.00 | Employee only | 535.30 | * | 535.30 | 416.66 | 118.64 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 582.15 | 218.85 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 656.61 | 263.39 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 782.65 | 339.18 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 892.45 | 405.65 |
| 0.67 | 1.00 | Employee only | 535.30 | * | 535.30 | 393.19 | 142.11 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 549.36 | 251.64 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 619.63 | 300.37 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 738.55 | 383.28 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 842.17 | 455.93 |
| 0.61 | 1.00 | Employee only | 535.30 | * | 535.30 | 357.98 | 177.32 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 500.16 | 300.84 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 564.13 | 355.87 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 672.41 | 449.42 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 766.75 | 531.35 |
| 0.57 | 1.00 | Employee only | 535.30 | * | 535.30 | 334.50 | 200.80 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 467.36 | 333.64 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 527.14 | 392.86 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 628.32 | 493.51 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 716.47 | 581.63 |
| 0.50 | 1.00 | Employee only | 535.30 | * | 535.30 | 293.43 | 241.88 |
| | 0.80 | Emp. + 1 child | 801.00 | * | 801.00 | 409.97 | 391.04 |
| | 0.80 | Emp. + children | 920.00 | * | 920.00 | 462.41 | 457.60 |
| | 0.80 | Emp. + spouse | 1,121.83 | * | 1,121.83 | 551.16 | 570.67 |
| | 0.80 | Full family | 1,298.10 | * | 1,298.10 | 628.49 | 669.62 |

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