

2023-2024 INSURANCE RATES AND COST-SHARE PREMIUMS
EDUCATIONAL SUPPORT PERSONNEL
BASIC PLAN
\$1,500 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
8.00	1.00	1.00	Employee only	586.85	40.08	626.93	626.93	0.00
	1.00	0.80	Emp. + 1 child	878.20	68.60	946.80	882.83	63.97
	1.00	0.80	Emp. + children	1,009.30	96.84	1,106.14	1,010.30	95.84
	1.00	0.80	Emp. + spouse	1,231.18	68.60	1,299.78	1,165.21	134.57
	1.00	0.80	Full family	1,424.50	96.84	1,521.34	1,342.46	178.88
7.75 - 7.00	0.94	1.00	Employee only	586.85	*	586.85	551.64	35.21
hrs per day	0.94	0.80	Emp. + 1 child	878.20	*	878.20	770.73	107.47
	0.94	0.80	Emp. + children	1,009.30	*	1,009.30	869.32	139.98
	0.94	0.80	Emp. + spouse	1,231.18	*	1,231.18	1,036.18	195.00
	0.94	0.80	Full family	1,424.50	*	1,424.50	1,181.55	242.95
6.75 - 6.00	0.82	1.00	Employee only	586.85	*	586.85	481.22	105.63
hrs per day	0.82	0.80	Emp. + 1 child	878.20	*	878.20	672.35	205.85
	0.82	0.80	Emp. + children	1,009.30	*	1,009.30	758.35	250.95
	0.82	0.80	Emp. + spouse	1,231.18	*	1,231.18	903.90	327.28
	0.82	0.80	Full family	1,424.50	*	1,424.50	1,030.71	393.79
5.75 - 5.00	0.69	1.00	Employee only	586.85	*	586.85	404.93	181.92
hrs per day	0.69	0.80	Emp. + 1 child	878.20	*	878.20	565.75	312.45
	0.69	0.80	Emp. + children	1,009.30	*	1,009.30	638.12	371.18
	0.69	0.80	Emp. + spouse	1,231.18	*	1,231.18	760.60	470.58
	0.69	0.80	Full family	1,424.50	*	1,424.50	867.31	557.19
4.75 - 4.00	0.57	1.00	Employee only	586.85	*	586.85	334.50	252.35
hrs per day	0.57	0.80	Emp. + 1 child	878.20	*	878.20	467.36	410.84
	0.57	0.80	Emp. + children	1,009.30	*	1,009.30	527.14	482.16
	0.57	0.80	Emp. + spouse	1,231.18	*	1,231.18	628.32	602.86
	0.57	0.80	Full family	1,424.50	*	1,424.50	716.47	708.03