

**2023-2024 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
8.00	1.00	1.00	Employee only	535.30	40.08	575.38	575.38	0.00
	1.00	0.80	Emp. + 1 child	801.00	68.60	869.60	869.60	0.00
	1.00	0.80	Emp. + children	920.00	96.84	1,016.84	1,010.30	6.54
	1.00	0.80	Emp. + spouse	1,121.83	68.60	1,190.43	1,165.21	25.22
	1.00	0.80	Full family	1,298.10	96.84	1,394.94	1,342.46	52.48
7.75 - 7.00	0.94	1.00	Employee only	535.30	*	535.30	535.30	0.00
hrs per day	0.94	0.80	Emp. + 1 child	801.00	*	801.00	770.73	30.27
	0.94	0.80	Emp. + children	920.00	*	920.00	869.32	50.68
	0.94	0.80	Emp. + spouse	1,121.83	*	1,121.83	1,036.18	85.65
	0.94	0.80	Full family	1,298.10	*	1,298.10	1,181.55	116.55
6.75 - 6.00	0.82	1.00	Employee only	535.30	*	535.30	481.22	54.08
hrs per day	0.82	0.80	Emp. + 1 child	801.00	*	801.00	672.35	128.65
	0.82	0.80	Emp. + children	920.00	*	920.00	758.35	161.65
	0.82	0.80	Emp. + spouse	1,121.83	*	1,121.83	903.90	217.93
	0.82	0.80	Full family	1,298.10	*	1,298.10	1,030.71	267.39
5.75 - 5.00	0.69	1.00	Employee only	535.30	*	535.30	404.93	130.37
hrs per day	0.69	0.80	Emp. + 1 child	801.00	*	801.00	565.75	235.25
	0.69	0.80	Emp. + children	920.00	*	920.00	638.12	281.88
	0.69	0.80	Emp. + spouse	1,121.83	*	1,121.83	760.60	361.23
	0.69	0.80	Full family	1,298.10	*	1,298.10	867.31	430.79
4.75 - 4.00	0.57	1.00	Employee only	535.30	*	535.30	334.50	200.80
hrs per day	0.57	0.80	Emp. + 1 child	801.00	*	801.00	467.36	333.64
	0.57	0.80	Emp. + children	920.00	*	920.00	527.14	392.86
	0.57	0.80	Emp. + spouse	1,121.83	*	1,121.83	628.32	493.51
	0.57	0.80	Full family	1,298.10	*	1,298.10	716.47	581.63