

**INSURANCE RATES
EFFECTIVE SEPTEMBER 1, 2019**

EMMETT SCHOOL DISTRICT

PACIFIC SOURCE - SIGNATURE PLAN - HSA PLAN DELTA DENTAL

	SIGNATURE PLAN			HSA PLAN			DELTA DENTAL	
	HEALTH PREMIUM	TOTAL COSTS TO EMPLOYEES DD / WD		HEALTH PREMIUM	TOTAL COSTS TO EMPLOYEES DD / WD		DENTAL	TOTAL COSTS TO EMPLOYEE
	Enrollee	681.65	76.92	83.30	575.82	-	-	37.00
Ee/Spouse	1,498.31	893.58	899.96	1,265.65	660.92	667.30	82.20	45.20
Ee/Child	1,049.13	444.40	450.78	886.20	281.47	287.85	71.25	34.25
Ee/Childre	1,219.19	614.46	620.84	1,029.75	425.02	431.40	106.00	69.00
Family w/s	1,736.49	1,131.76	1,138.14	1,466.77	862.04	868.42	141.85	104.85
DBL CPL	1,736.49	527.03	539.79	1,466.77	257.31	270.07	141.85	67.85

RETIREE RATES

	MEDICAL PREMIUM			RETIREE DELTA DENTAL PREMIUM	
	65 & OVER PLAN	Medicare		UNDER 65	65 & OVER
Enrollee			Enrollee	Same as above	51.15
EE/Spouse			EE/Spouse	Same as above	102.40
EE/Child			EE/Child	Same as above	98.71
EE/Children			EE/Childre	Same as above	146.70
Family w/ spouse			Family w/ :	Same as above	196.40

WILLAMETTE DENTAL RATES

	PREMIUM	COST TO EMPLOYEE	RETIREE RATES DENTAL			
			PREMIUM 65 & OVER		UNDER 65	
Enrollee	43.38	-	Enrollee	43.38	43.38	Same as above
Ee/Spouse	93.86	50.48	Ee/Spouse	93.86	93.86	Same as above
Ee/Child	83.38	40.00				
Ee/Childre	124.13	80.75				
Family w/s	166.25	122.87				
DBL CPL	166.25	79.49				

LIFE MAP - VISION RATES

	PREMIUM	COST TO EMPLOYEE	RETIREE RATES VISION			
			PREMIUM 65 & OVER		UNDER 65	
Enrollee	7.83	-	Enrollee	Same	Same	
Ee/Spouse	15.69	7.86	Ee/Spouse	Same	Same	
Ee/Child(r)	16.78	8.95				
Family w/s	26.81	18.98				
DBL CPL	26.81	11.15				

LIFEMAP LIFE

Employee 9.45 50,000

EMPLOYEE ASSISTANCE PROGRAM

Employee 0.64

DISTRICT WILL PAY \$659.65			
Delta Den: .64, 9.45, 7.83, 37.00	604.73	W-Dental .64, 9.45, 7.83, 43.38	598.35
If you have the H S A plan as an employee only the district will put \$25.00 into your H S A account (if you have one open)			
28.91 difference 19-20 H S A			