

**INSURANCE RATES  
EFFECTIVE SEPTEMBER 1, 2021**

**EMMETT SCHOOL DISTRICT**

**REGENCE BLUE SHIELD PPO**

**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	838.10	97.94		105.02		707.97	-	-
Ee/Spouse	1,842.20	1,102.04	1,109.12		1,556.12	815.96	823.04	82.20	45.20
Ee/Child	1,289.90	549.74	556.82		1,089.58	349.42	356.50	71.25	34.25
Ee/Childre	1,499.00	758.84	765.92		1,266.07	525.91	532.99	106.00	69.00
Family w/s	2,135.00	1,394.84	1,401.92		1,803.41	1,063.25	1,070.33	141.85	104.85
DBL CPL	2,135.00	654.68	668.84		1,803.41	323.09	337.25	141.85	67.85

**RETIREE RATES**

	MEDICAL PREMIUM 65 & OVER PLAN	Medicare		RETIREE UNDER 65	RETIREE DELTA DENTAL PREMIUM 65 & OVER
	Enrollee				Enrollee Same as above
EE/Spouse			EE/Spouse Same as above	102.40	
EE/Child			EE/Child Same as above	98.75	
EE/Children			EE/Children Same as above	146.70	
Family w/ spouse			Family w/ sp Same as above	196.40	

**WILLAMETTE DENTAL RATES**

	PREMIUM	COST TO EMPLOYEE	RETIREE RATES DENTAL	
			PREMIUM 65 & OVER	UNDER 65
Enrollee	44.08	-		
Ee/Spouse	95.39	51.31		
Ee/Child	84.73	40.65		
Ee/Childre	126.15	82.07		
Family w/sj	168.95	124.87		
DBL CPL	168.95	80.79		

**LIFE MAP - VISION RATES**

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

**LIFEMAP LIFE**

Employee 9.45 50,000

**EMPLOYEE ASSISTANCE PROGRAM**

Employee 0.64

<b>DISTRICT WILL PAY \$795.08</b>			
Delta Dem .64, 9.45, 7.83, 37.00	740.16	W-Dental .64, 9.45, 7.83, 44.08	733.08
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)			
\$25.11 difference 2021-2022 H S A			