

**PARKWAY  
HEALTH INSURANCE RATES  
PER CHECK COSTS  
FULL-TIME EMPLOYEES**

	JANUARY 1, 2019 UHC BASE PLAN (OPTION 1)			APRIL 1, 2020 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	348.60	348.60	0.00	345.11	345.11
EMP/SPOUSE	128.15	484.77	612.92	128.15	479.92	608.07
EMP/SPOUSE/1CHILD	186.88	555.58	742.46	186.88	550.03	736.91
EMP/SPOUSE/2+ CHILDREN	261.63	620.94	882.58	261.63	614.73	876.37
EMP/1 CHILD	64.07	413.96	478.04	64.07	409.82	473.90
EMP/2+ CHILDREN	128.15	484.77	612.92	128.15	479.92	608.07

	JANUARY 1, 2019 UHC PREMIUM PLAN (OPTION 2)			April 1, 2020 UHC PREMIUM PLAN (OPTION 2)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	48.07	348.60	396.67	48.07	345.11	393.18
EMP/SPOUSE	251.03	484.77	735.80	251.03	479.92	730.95
EMP/SPOUSE/1CHILD	363.19	555.58	918.77	363.19	550.03	913.22
EMP/SPOUSE/2+ CHILDREN	459.33	620.94	1,080.28	459.33	614.73	1,074.07
EMP/1 CHILD	165.57	413.96	579.54	165.57	409.82	575.40
EMP/2+ CHILDREN	261.71	484.77	746.48	261.71	479.92	741.64

	JANUARY 1, 2019 UHC HIGH DEDUCTIBLE (HSA)			April 1, 2020 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	348.60	348.60	0.00	345.11	345.11
EMP/SPOUSE	65.00	484.77	549.77	65.00	479.92	544.92
EMP/SPOUSE/1CHILD	125.00	555.58	680.58	125.00	550.03	675.03
EMP/SPOUSE/2+ CHILDREN	185.00	620.94	805.94	185.00	614.73	799.73
EMP/1 CHILD	35.00	413.96	448.96	35.00	409.82	444.82
EMP/2+ CHILDREN	75.00	484.77	559.77	75.00	479.92	554.92

\*\*\*\*\* For the high deductible plan, the District will be contributing \$520.00 on the first payroll in January and then \$40 per payroll per employee into the Employees Health Savings Account thereafter. For a total of \$1,440 Employees starting after the new year will have a pro-rated contribution.

	JANUARY 1, 2019 PARKWAY DENTAL DELTA DENTAL			April 1, 2020 PARKWAY DENTAL DELTA DENTAL		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	25.16	25.16	0.00	24.91	24.91
EMP/SPOUSE	8.99	35.05	44.04	8.99	34.70	43.69
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29	22.89	49.90	72.79
EMP/1+ CHILD	13.90	40.48	54.38	13.90	40.08	53.98

	JANUARY 1, 2019 ASSURANT DENTAL			April 1, 2020 ASSURANT DENTAL		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	7.28	7.28	0.00	7.28	7.28
EMP/1 DEPENDENT	2.16	9.57	11.73	2.16	9.57	11.73
EMP/2+ DEPENDENT	5.21	12.75	17.96	5.21	12.75	17.96

Assurant only available to employees enrolled with provider on 9/1/16.

	JANUARY 1, 2019 VISION RATES			April 1, 2020 VISION RATES		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	2.60	2.60	0.00	2.60	2.60
EMP/1 DEPENDENT	1.03	3.64	4.67	1.03	3.64	4.67
EMP/2+ DEPENDENT	2.00	4.60	6.60	2.00	4.60	6.60

Withholdings are only made on the first and second check of each month.