

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

	JANUARY 1, 2017 UHC BASE PLAN (OPTION 1)			JANUARY 1, 2018 UHC BASE PLAN (OPTION 1)		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	Cost
EMPLOYEE	0.00	336.00	336.00	0.00	348.60	348.60
EMP/SPOUSE	120.00	467.25	587.25	128.15	484.77	612.92
EMP/SPOUSE/1CHILD	175.00	535.50	710.50	186.88	555.58	742.46
EMP/SPOUSE/2+ CHILDREN	245.00	598.50	843.50	261.63	620.94	882.58
EMP/1 CHILD	60.00	399.00	459.00	64.07	413.96	478.04
EMP/2+ CHILDREN	120.00	467.25	587.25	128.15	484.77	612.92

	JANUARY 1, 2017 UHC PREMIUM PLAN (OPTION 2)			JANUARY 1, 2018 UHC PREMIUM PLAN (OPTION 2)		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	Cost
EMPLOYEE	45.00	336.00	381.00	48.07	348.60	396.67
EMP/SPOUSE	235.00	467.25	702.25	251.03	484.77	735.80
EMP/SPOUSE/1CHILD	340.00	535.50	875.50	363.19	555.58	918.77
EMP/SPOUSE/2+ CHILDREN	430.00	598.50	1,028.50	459.33	620.94	1,080.28
EMP/1 CHILD	155.00	399.00	554.00	165.57	413.96	579.54
EMP/2+ CHILDREN	245.00	467.25	712.25	261.71	484.77	746.48

	JANUARY 1, 2017 UHC HIGH DEDUCTIBLE (HSA)			JANUARY 1, 2018 UHC HIGH DEDUCTIBLE (HSA)		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	Cost
EMPLOYEE	0.00	336.00	336.00	0.00	348.60	348.60
EMP/SPOUSE	65.00	467.25	532.25	65.00	484.77	549.77
EMP/SPOUSE/1CHILD	125.00	535.50	660.50	125.00	555.58	680.58
EMP/SPOUSE/2+ CHILDREN	185.00	598.50	783.50	185.00	620.94	805.94
EMP/1 CHILD	35.00	399.00	434.00	35.00	413.96	448.96
EMP/2+ CHILDREN	75.00	467.25	542.25	75.00	484.77	559.77

***** 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, 2017 PARKWAY DENTAL DELTA DENTAL			JANUARY 1, 2018 PARKWAY DENTAL DELTA DENTAL		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	Cost
EMPLOYEE	0.00	25.16	25.16	0.00	25.16	25.16
EMP/SPOUSE	8.99	35.05	44.04	8.99	35.05	44.04
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29	22.89	50.40	73.29
EMP/1+ CHILD	13.90	40.48	54.38	13.90	40.48	54.38

	JANUARY 1, 2017 ASSURANT DENTAL			JANUARY 1, 2018 ASSURANT DENTAL		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	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, 2017 VISION RATES			JANUARY 1, 2018 VISION RATES		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	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.