

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

JANUARY 1, 2020 UHC BASE PLAN (OPTION 1)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	697.20	697.20
EMP/SPOUSE/1CHILD	0.00	0.00	1,091.06	1,091.06
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,231.18	1,231.18

JANUARY 1, 2020 UHC PREMIUM PLAN (OPTION 2)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	793.34	793.34
EMP/SPOUSE/1CHILD	0.00	0.00	918.77	918.77
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,080.28	1,080.28

JANUARY 1, 2020 UHC HIGH DEDUCTIBLE (HSA)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	697.20	697.20
EMP/SPOUSE/1CHILD	0.00	0.00	1,029.18	1,029.18
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,154.54	1,154.54

**\*\*\*\*\* 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 \$2880. Employees starting after the new year will have a pro-rated contribution.**

JANUARY 1, 2020 PARKWAY DENTAL DELTA DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	176.16	176.16
EMP/SPOUSE/1+ CHILD	0.00	0.00	293.16	293.16

JANUARY 1, 2020 ASSURANT DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	46.90	46.90
EMP/2+ DEPENDENT	0.00	0.00	71.82	71.82

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

JANUARY 1, 2020 VISION RATES				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	18.68	18.68
EMP/2+ DEPENDENT	0.00	0.00	26.40	26.40

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

**These rates are only for employees married to another full time Parkway employee under the same plan**