

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

JANUARY 1, 2024 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	446.83	446.83
EMP/SPOUSE	170.24	617.05	787.29
EMP/SPOUSE/1CHILD	253.64	700.46	954.10
EMP/SPOUSE/2+ CHILDREN	343.92	790.75	1,134.67
EMP/1 CHILD	83.37	530.20	613.57
EMP/2+ CHILDREN	170.24	617.05	787.29

JANUARY 1, 2024 UHC PREMIUM PLAN (OPTION 2)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	84.59	446.83	531.42
EMP/SPOUSE	370.89	617.05	987.94
EMP/SPOUSE/1CHILD	533.82	700.46	1,234.28
EMP/SPOUSE/2+ CHILDREN	660.93	790.75	1,451.68
EMP/1 CHILD	247.49	530.20	777.69
EMP/2+ CHILDREN	385.33	617.05	1,002.38

JANUARY 1, 2024 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	446.83	446.83
EMP/SPOUSE	84.16	617.05	701.22
EMP/SPOUSE/1CHILD	161.85	700.46	862.31
EMP/SPOUSE/2+ CHILDREN	239.53	790.75	1,030.28
EMP/1 CHILD	45.32	530.20	575.52
EMP/2+ CHILDREN	97.11	617.05	714.16

**** 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, 2024 PARKWAY DENTAL DELTA DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	31.78	31.78
EMP/SPOUSE	11.36	44.27	55.63
EMP/SPOUSE/1+ CHILD	28.91	63.66	92.58
EMP/1+ CHILD	17.56	51.13	68.69

JANUARY 1, 2024 ASSURANT DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	9.19	9.19
EMP/1 DEPENDENT	2.73	12.08	14.81
EMP/2+ DEPENDENT	6.58	16.10	22.68

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

JANUARY 1, 2024 VISION RATES			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	3.40	3.40
EMP/1 DEPENDENT	1.35	4.74	6.09
EMP/2+ DEPENDENT	2.60	6.00	8.60

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