

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

JANUARY 1, 2024 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	353.74	353.74
EMP/SPOUSE	134.77	488.50	623.27
EMP/SPOUSE/1CHILD	200.80	554.53	755.33
EMP/SPOUSE/2+ CHILDREN	272.27	626.01	898.28
EMP/1 CHILD	66.00	419.74	485.74
EMP/2+ CHILDREN	134.77	488.50	623.27

JANUARY 1, 2024 UHC PREMIUM PLAN (OPTION 2)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	66.97	353.74	420.71
EMP/SPOUSE	293.62	488.50	782.12
EMP/SPOUSE/1CHILD	422.61	554.53	977.14
EMP/SPOUSE/2+ CHILDREN	523.24	626.01	1149.25
EMP/1 CHILD	195.93	419.74	615.67
EMP/2+ CHILDREN	305.05	488.50	793.55

JANUARY 1, 2024 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	353.74	353.74
EMP/SPOUSE	66.63	488.50	555.13
EMP/SPOUSE/1CHILD	128.13	554.53	682.66
EMP/SPOUSE/2+ CHILDREN	189.63	626.01	815.64
EMP/1 CHILD	35.88	419.74	455.62
EMP/2+ CHILDREN	76.88	488.50	565.38

***** For the high deductible plan, the District will be contributing \$520.00 on the first payroll in Jan and then \$40 per payroll per employee into the Employees Health Savings Account thereafter. For 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	25.16	25.16
EMP/SPOUSE	8.99	35.05	44.04
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29
EMP/1+ CHILD	13.90	40.48	54.38

JANUARY 1, 2024 ASSURANT DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	7.28	7.28
EMP/1 DEPENDENT	2.16	9.57	11.73
EMP/2+ DEPENDENT	5.21	12.75	17.96

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	2.69	2.69
EMP/1 DEPENDENT	1.07	3.75	4.82
EMP/2+ DEPENDENT	2.06	4.75	6.81

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