

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

JANUARY 1, 2024 UHC BASE PLAN (OPTION 1)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	623.27	623.27
EMP/SPOUSE/1CHILD	0.00	0.00	755.34	755.34
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	898.28	898.28

JANUARY 1, 2024 UHC PREMIUM PLAN (OPTION 2)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	782.12	782.12
EMP/SPOUSE/1CHILD	0.00	0.00	977.14	977.14
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,149.25	1,149.25

JANUARY 1, 2024 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	682.66	682.66
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	815.64	815.64

\*\*\*\*\* 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, 2024 PARKWAY DENTAL DELTA DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	44.04	44.04
EMP/SPOUSE/1+ CHILD	0.00	0.00	73.29	73.29

JANUARY 1, 2024 ASSURANT DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	11.73	11.73
EMP/2+ DEPENDENT	0.00	0.00	17.96	17.96

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

JANUARY 1, 2024 VISION RATES				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	4.82	4.82
EMP/2+ DEPENDENT	0.00	0.00	6.81	6.81

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