

**PARKWAY
HEALTH INSURANCE RATES
PER-CHECK COSTS
PART-TIME CERTIFICATED &
PARENT EDUCATORS**

	January 1, 2020 UHC BASE PLAN (OPTION 1)			May 1, 2020 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	174.30	174.30	348.60	172.56	172.56	345.11
EMP/SPOUSE	370.53	242.39	612.92	368.11	239.96	608.07
EMP/SPOUSE/1CHILD	464.67	277.79	742.46	461.90	275.01	736.91
EMP/SPOUSE/2+ CHILDREN	572.11	310.47	882.58	569.00	307.37	876.37
EMP/1 CHILD	271.06	206.98	478.04	268.99	204.91	473.90
EMP/2+ CHILDREN	370.53	242.39	612.92	368.11	239.96	608.07

	January 1, 2020 UHC PREMIUM PLAN (OPTION 2)			May 1, 2020 UHC PREMIUM PLAN (OPTION 2)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	222.37	174.30	396.67	220.63	172.56	393.18
EMP/SPOUSE	493.41	242.39	735.80	490.99	239.96	730.95
EMP/SPOUSE/1CHILD	640.98	277.79	918.77	638.21	275.01	913.22
EMP/SPOUSE/2+ CHILDREN	769.81	310.47	1,080.28	766.70	307.37	1,074.07
EMP/1 CHILD	372.56	206.98	579.54	370.49	204.91	575.40
EMP/2+ CHILDREN	504.09	242.39	746.48	501.68	239.96	741.64

	January 1, 2020 UHC HIGH DEDUCTIBLE (HSA)			May 1, 2020 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	174.30	174.30	348.60	172.56	172.56	345.11
EMP/SPOUSE	307.38	242.39	549.77	304.96	239.96	544.92
EMP/SPOUSE/1CHILD	402.79	277.79	680.58	400.02	275.01	675.03
EMP/SPOUSE/2+ CHILDREN	495.47	310.47	805.94	492.36	307.37	799.73
EMP/1 CHILD	241.98	206.98	448.96	239.91	204.91	444.82
EMP/2+ CHILDREN	317.38	242.39	559.77	314.96	239.96	554.92

***** 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, 2020 PARKWAY DENTAL DELTA DENTAL			May 1, 2020 PARKWAY DENTAL DELTA DENTAL		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	12.58	12.58	25.16	12.46	12.45	24.91
EMP/SPOUSE	26.51	17.53	44.04	26.34	17.35	43.69
EMP/SPOUSE/1+ CHILD	48.09	25.20	73.29	47.84	24.95	72.79
EMP/1+ CHILD	34.14	20.24	54.38	33.94	20.04	53.98

	January 1, 2020 ASSURANT DENTAL			May 1, 2020 ASSURANT/SUNLIFE DENTAL		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	3.64	3.64	7.28	3.64	3.64	7.28
EMP/1 DEPENDENT	6.94	4.79	11.73	6.95	4.78	11.73
EMP/2+ DEPENDENT	11.58	6.38	17.96	11.59	6.37	17.96

	January 1, 2020 EYE MED VISION			May 1, 2020 EYE MED VISION		
	Employee Cost	Parkway Cost	Total Cost	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	1.30	1.30	2.60	1.30	1.30	2.60
EMP/1 DEPENDENT	2.85	1.82	4.67	2.85	1.82	4.67
EMP/2+ DEPENDENT	4.30	2.30	6.60	4.30	2.30	6.60