## PARKWAY HEALTH INSURANCE RATES PER-CHECK COSTS PART-TIME CERTIFICATED &

## PARENT EDUCATORS

	January 1, 2024 UHC BASE PLAN (OPTION 1)		
	Employee	Parkway	Total
	Cost	Cost	Cost
EMPLOYEE	176.87	176.87	353.74
EMP/SPOUSE	379.02	244.25	623.27
EMP/SPOUSE/1CHILD	478.06	277.27	755.33
EMP/SPOUSE/2+ CHILDREN	585.27	313.01	898.28
EMP/1 CHILD	275.87	209.87	485.74
EMP/2+ CHILDREN	379.02	244.25	623.27

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	January 1, 2024 UHC PREMIUM PLAN (OPTION 2)		
	Employee Parkway Total		
	Cost	Cost	Cost
EMPLOYEE	243.84	176.87	420.71
EMP/SPOUSE	537.87	244.25	782.12
EMP/SPOUSE/1CHILD	699.87	277.27	977.14
EMP/SPOUSE/2+ CHILDREN	836.24	313.01	1,149.25
EMP/1 CHILD	405.80	209.87	615.67
EMP/2+ CHILDREN	549.30	244.25	793.55

	January 1, 2024 UHC HIGH DEDUCTIBLE		
	(HSA)		
	Employee	Parkway	Total
	Cost	Cost	Cost
EMPLOYEE	176.87	176.87	353.74
EMP/SPOUSE	310.88	244.25	555.13
EMP/SPOUSE/1CHILD	405.39	277.27	682.66
EMP/SPOUSE/2+ CHILDREN	502.63	313.01	815.64
EMP/1 CHILD	245.75	209.87	455.62
EMP/2+ CHILDREN	321.13	244.25	565.38

\*\*\*\*\* 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 Parkway Total		Total
	Cost	Cost	Cost
EMPLOYEE	12.58	12.58	25.16
EMP/SPOUSE	26.51	17.53	44.04
EMP/SPOUSE/1+ CHILD	48.09	25.20	73.29
EMP/1+ CHILD	34.14	20.24	54.38

	January 1, 2024 ASSURANT/SUNLIFE DENTAL		
	Employee	Parkway	Total
	Cost	Cost	Cost
EMPLOYEE	3.64	3.64	7.28
EMP/1 DEPENDENT	6.95	4.78	11.73
EMP/2+ DEPENDENT	11.59	6.37	17.96

	January 1, 2024 EYE MED VISION		
	Employee	Parkway	Total
	Cost	Cost	Cost
EMPLOYEE	1.34	1.35	2.69
EMP/1 DEPENDENT	2.85	1.88	4.82
EMP/2+ DEPENDENT	4.30	2.38	6.81