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

	January 1, 2020 UHC BASE PLAN			January 1, 2021 UHC BASE PLAN				
	(OPTION 1)			(OPTION 1)				
	Employee Parkway Total			Employee	Parkway	Total		
	Cost	Cost	Cost	Cost	Cost	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)			January 1, 2021 UHC PREMIUM PLAN (OPTION 2)			
	Employee Parkway Total			Employee	Parkway	Total	
	Cost	Cost	Cost	Cost	Cost	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	

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	January 1, 2020 UHC HIGH DEDUCTIBLE (HSA)			January 1, 2021 UHC HIGH DEDUCTIBLE (HSA)		
	Employee	Parkway	Total	Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	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			January 1, 2021 PARKWAY DENTAL DELTA DENTAL		
	Employee Parkway Total			Employee	Parkway	Total
	Cost	Cost	Cost	Cost	Cost	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			January 1, 2021 ASSURANT/SUNLIFE DENTAL			
	Employee	Parkway	Total	Employee	Parkway	Total	
	Cost	Cost	Cost	Cost	Cost	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			January 1, 2021 EYE MED VISION			
	Employee	Parkway	Total	Employee	Parkway	Total	
	Cost	Cost	Cost	Cost	Cost	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	