

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

JANUARY 1, 2023 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, 2023 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, 2023 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, 2023 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, 2023 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, 2023 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**