

**PARKWAY
HEALTH INSURANCE RATES
PER CHECK COSTS
FULL-TIME EMPLOYEES-NON YEAR ROUND**

JANUARY 1, 2025 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	479.99	479.99
EMP/SPOUSE	173.64	662.85	836.49
EMP/SPOUSE/1CHILD	258.71	752.45	1,011.16
EMP/SPOUSE/2+ CHILDREN	350.80	849.44	1,200.24
EMP/1 CHILD	85.04	569.55	654.59
EMP/2+ CHILDREN	173.64	662.85	836.49

JANUARY 1, 2025 UHC PREMIUM PLAN (OPTION 2)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	92.48	479.99	572.48
EMP/SPOUSE	389.69	662.85	1,052.55
EMP/SPOUSE/1CHILD	558.68	752.45	1,311.13
EMP/SPOUSE/2+ CHILDREN	690.81	849.44	1,540.26
EMP/1 CHILD	261.43	569.55	830.98
EMP/2+ CHILDREN	404.58	662.85	1,067.43

JANUARY 1, 2025 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	479.99	479.99
EMP/SPOUSE	85.84	662.85	748.70
EMP/SPOUSE/1CHILD	165.09	752.45	917.54
EMP/SPOUSE/2+ CHILDREN	244.33	849.44	1,093.77
EMP/1 CHILD	46.23	569.55	615.78
EMP/2+ CHILDREN	99.05	662.85	761.91

***** For the high deductible plan, the District will be contributing \$650.00 on the first payroll in January and then \$40 per payroll per employee into the Employees Health Savings Account thereafter. For a total of \$1,570 Employees starting after the new year will have a pro-rated contribution.

JANUARY 1, 2025 PARKWAY DENTAL DELTA DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	31.78	31.78
EMP/SPOUSE	11.36	44.27	55.63
EMP/SPOUSE/1+ CHILD	28.91	63.66	92.58
EMP/1+ CHILD	17.56	51.13	68.69

JANUARY 1, 2025 ASSURANT DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	9.19	9.19
EMP/1 DEPENDENT	2.73	12.08	14.81
EMP/2+ DEPENDENT	6.58	16.10	22.68

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

JANUARY 1, 2025 VISION RATES			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	3.40	3.40
EMP/1 DEPENDENT	1.35	4.74	6.09
EMP/2+ DEPENDENT	2.60	6.00	8.60

Withholdings are only made on the first and second check of each month.