

PARKWAY
HEALTH INSURANCE RATES
PER CHECK COSTS
FULL-TIME EMPLOYEES

JANUARY 1, 2025 UHC BASE PLAN (OPTION 1)			
Employee	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	0.00	380.00	380.00
EMP/SPOUSE	137.47	524.76	662.23
EMP/SPOUSE/1CHILD	204.82	595.69	800.51
EMP/SPOUSE/2+ CHILDREN	277.72	672.48	950.19
EMP/1 CHILD	67.32	450.90	518.22
EMP/2+ CHILDREN	137.47	524.76	662.23

JANUARY 1, 2025 UHC PREMIUM PLAN (OPTION 2)			
Employee	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	73.22	380.00	453.21
EMP/SPOUSE	308.51	524.76	833.27
EMP/SPOUSE/1CHILD	442.29	595.69	1037.98
EMP/SPOUSE/2+ CHILDREN	546.90	672.48	1219.37
EMP/1 CHILD	206.97	450.90	657.86
EMP/2+ CHILDREN	320.29	524.76	845.05

JANUARY 1, 2025 UHC HIGH DEDUCTIBLE (HSA)			
Employee	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	0.00	380.00	380.00
EMP/SPOUSE	67.96	524.76	592.72
EMP/SPOUSE/1CHILD	130.70	595.69	726.39
EMP/SPOUSE/2+ CHILDREN	193.43	672.48	865.90
EMP/1 CHILD	36.60	450.90	487.50
EMP/2+ CHILDREN	78.42	524.76	603.18

***** 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	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	0.00	25.16	25.16
EMP/SPOUSE	8.99	35.05	44.04
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29
EMP/1+ CHILD	13.90	40.48	54.38

JANUARY 1, 2025 ASSURANT DENTAL			
Employee	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	0.00	14.55	14.55
EMP/1 DEPENDENT	2.23	6.68	8.90
EMP/2+ DEPENDENT	5.34	16.02	21.36

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

JANUARY 1, 2025 VISION RATES			
Employee	Parkway	Total	
Cost	Cost	Cost	
EMPLOYEE	0.00	2.69	2.69
EMP/1 DEPENDENT	1.07	3.75	4.82
EMP/2+ DEPENDENT	2.06	4.75	6.81

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