

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

JANUARY 1, 2025 UHC BASE PLAN (OPTION 1)					
	Employee 1 Cost	Employee 2 Cost	Employee Savings	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	-549.86	2,099.04	2,648.90
EMP/SPOUSE/1CHILD	0.00	0.00	-819.26	2,382.76	3,202.02
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	-1,110.86	2,689.90	3,800.76

JANUARY 1, 2025 UHC PREMIUM PLAN (OPTION 2)					
	Employee 1 Cost	Employee 2 Cost		Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	-1,234.02	2,099.04	3,333.06
EMP/SPOUSE/1CHILD	0.00	0.00	-1,769.16	2,382.76	4,151.92
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	-2,187.58	2,689.90	4,877.48

JANUARY 1, 2025 UHC HIGH DEDUCTIBLE (HSA)					
	Employee 1 Cost	Employee 2 Cost		Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	-271.84	2,099.04	2,370.88
EMP/SPOUSE/1CHILD	0.00	0.00	-522.78	2,382.76	2,905.54
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	-773.70	2,689.90	3,463.60

***** 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 \$3,140. Employees starting after the new year will have a pro-rated contribution.

JANUARY 1, 2025 PARKWAY DENTAL DELTA DENTAL					
	Employee 1 Cost	Employee 2 Cost		Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	-17.98	70.10	88.08
EMP/SPOUSE/1+ CHILD	0.00	0.00	-45.78	100.80	146.58

JANUARY 1, 2025 ASSURANT DENTAL					
	Employee 1 Cost	Employee 2 Cost		Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	-4.44	42.46	46.90
EMP/2+ DEPENDENT	0.00	0.00	-10.68	61.14	71.82

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

JANUARY 1, 2025 VISION RATES					
	Employee 1 Cost	Employee 2 Cost		Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	-2.14	12.88	15.02
EMP/2+ DEPENDENT	0.00	0.00	-4.12	14.88	19.00

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