

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

January 1, 2025 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	190.00	190.00	380.00
EMP/SPOUSE	399.84	262.38	662.22
EMP/SPOUSE/1CHILD	502.66	297.85	800.51
EMP/SPOUSE/2+ CHILDREN	613.95	336.24	950.19
EMP/1 CHILD	292.77	225.45	518.22
EMP/2+ CHILDREN	399.84	262.38	662.22

January 1, 2025 UHC PREMIUM PLAN (OPTION 2)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	263.21	190.00	453.21
EMP/SPOUSE	570.89	262.38	833.27
EMP/SPOUSE/1CHILD	740.13	297.85	1,037.98
EMP/SPOUSE/2+ CHILDREN	883.13	336.24	1,219.37
EMP/1 CHILD	432.41	225.45	657.86
EMP/2+ CHILDREN	582.67	262.38	845.05

January 1, 2025 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	190.00	190.00	380.00
EMP/SPOUSE	330.34	262.38	592.72
EMP/SPOUSE/1CHILD	428.53	297.85	726.38
EMP/SPOUSE/2+ CHILDREN	529.66	336.24	865.90
EMP/1 CHILD	262.04	225.45	487.49
EMP/2+ CHILDREN	340.80	262.38	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 Cost	Parkway Cost	Total Cost
EMPLOYEE	12.58	12.58	25.16
EMP/SPOUSE	26.51	17.53	44.04
EMP/SPOUSE/1+ CHILD	48.09	25.20	73.29
EMP/1+ CHILD	34.14	20.24	54.38

January 1, 2025 ASSURANT/SUNLIFE DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	3.64	3.64	7.28
EMP/1 DEPENDENT	6.95	4.78	11.73
EMP/2+ DEPENDENT	11.59	6.37	17.96

January 1, 2025 EYE MED VISION			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	1.34	1.35	2.69
EMP/1 DEPENDENT	2.85	1.88	4.82
EMP/2+ DEPENDENT	4.30	2.38	6.81