



# INSURANCE RATES SY 2023 - 2024

Effective July 1, 2023

**Please Note:** Rates for **Medical, Dental, & Vision** are *pre-tax dollar* deductions. This allows employee dollars to stretch further and saves employees money.

## Medical Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
<b>Medical Banner Value Gold</b>				
EMPLOYEE Only	\$535.00	\$400.00	\$135.00	\$81.00
EMPLOYEE + SPOUSE	\$1059.00	\$400.00	\$659.00	\$395.40
EMPLOYEE + CHILD(REN)	\$985.00	\$400.00	\$585.00	\$351.00
EMPLOYEE + FAMILY	\$1,433.00	\$400.00	\$1,033.00	\$619.80
<b>Medical Banner Value Silver</b>				
EMPLOYEE Only	\$489.00	\$400.00	\$89.00	\$53.40
EMPLOYEE + SPOUSE	\$970.00	\$400.00	\$570.00	\$342.00
EMPLOYEE + CHILD(REN)	\$902.00	\$400.00	\$502.00	\$301.20
EMPLOYEE + FAMILY	\$1,311.00	\$400.00	\$911.00	\$546.60
<b>Medical Banner HDHP \$1,500/\$3,000*</b>				
EMPLOYEE Only	\$416.67	\$400.00	\$16.67	\$10.00
EMPLOYEE + SPOUSE	\$794.50	\$400.00	\$394.50	\$236.70
EMPLOYEE + CHILD(REN)	\$739.50	\$400.00	\$339.50	\$203.70
EMPLOYEE + FAMILY	\$1,073.50	\$400.00	\$673.50	\$404.10

\*Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay."

*For employees enrolled in the High Deductible Health Plan, the District will contribute \$13.17 per month to the employee's Health Savings Account (H.S.A).  
For active employees enrolled in the HDHP the District will pay the H.S.A. monthly administrative fee.*

## Vision Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
<b>Avesis Vision</b>				
EMPLOYEE Only	\$5.54	\$0	\$5.54	\$3.33
EMPLOYEE + SPOUSE	\$9.68	\$0	\$9.68	\$5.81
EMPLOYEE + CHILD(REN)	\$11.62	\$0	\$11.62	\$6.98
EMPLOYEE + FAMILY	\$14.39	\$0	\$14.39	\$8.64

## Dental Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
<b>EDS Dental Plan</b>				
EMPLOYEE Only	\$8.76	\$8.76	\$0.00	\$0.00
EMPLOYEE + SPOUSE	\$17.01	\$8.76	\$8.25	\$4.95
EMPLOYEE + CHILD(REN)	\$20.70	\$8.76	\$11.94	\$7.17
EMPLOYEE + FAMILY	\$24.00	\$8.76	\$15.24	\$9.15
<b>Delta Dental Plan</b>				
EMPLOYEE Only	\$39.71	\$8.76	\$30.95	\$18.57
EMPLOYEE + SPOUSE	\$81.44	\$8.76	\$72.68	\$43.61
EMPLOYEE + CHILD(REN)	\$83.59	\$8.76	\$74.83	\$44.90
EMPLOYEE + FAMILY	\$108.63	\$8.76	\$99.87	\$59.93

## Pet Insurance

Coverage Type	Total Monthly Rate	Employee Cost Per Pay Period
<b>United Pet Care - 1 Plan, 1 Price Now with whiskerDocs!</b>		
1 Pet	\$17.50	\$10.50
2 Pets	\$34.00	\$20.40
3 Pets	\$50.50	\$30.30
Each Additional Pet	Add \$16.50 per additional pet	Add \$9.90 per additional pet

In addition to the above listed Benefits, the District provides the following benefits for Benefit eligible employees:

### ***District-Paid Short-Term Disability***

The Hartford 1-800-303-9744

### ***District-Paid Basic Life Insurance in the amount of \$25,000***

Additional Life can purchased through payroll deductions, please see Benefit's website for rates and details

### **EAP Employee Assistance Program – No Cost to Employees**

1-800-343-3822

### **Teladoc – Free Access to U.S. Board-Certified Doctor (If enrolled in District Medical Plan)**

1-800-835-2362 (Must mention Amphitheater School District – DO NOT PROVIDE INSURANCE CARD)

### **The Amphitheater School District also pays the monthly fees for the following accounts:**

Flexible Spending Accounts, Dependent Care Accounts, Health Savings Accounts, Limited Medical Accounts