



INSURANCE RATES SY 2022 - 2023

Effective July 1, 2022

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)
Medical Banner Value Gold				
EMPLOYEE Only	\$495.00	\$386.90	\$108.10	\$64.86
EMPLOYEE + SPOUSE	\$981.00	\$386.90	\$594.10	\$356.46
EMPLOYEE + CHILD	\$912.00	\$386.90	\$525.10	\$315.06
EMPLOYEE + FAMILY	\$1,327.00	\$386.90	\$940.10	\$564.06
Medical Banner Value Silver				
EMPLOYEE Only	\$453.00	\$386.90	\$66.10	\$39.66
EMPLOYEE + SPOUSE	\$898.00	\$386.90	\$511.10	\$306.66
EMPLOYEE + CHILD	\$835.00	\$386.90	\$448.10	\$268.86
EMPLOYEE + FAMILY	\$1,214.00	\$386.90	\$827.10	\$496.26
Medical Banner HDHP \$1,500/\$3,000*				
EMPLOYEE Only	\$403.53	\$386.90	\$16.67	\$10.00
EMPLOYEE + SPOUSE	\$742.50	\$386.90	\$355.60	\$213.36
EMPLOYEE + CHILD	\$691.50	\$386.90	\$304.60	\$182.76
EMPLOYEE + FAMILY	\$1003.50	\$386.90	\$616.60	\$369.96

*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."

If you enroll in the High Deductible Health Plan, the District will make a monthly contribution to the employee's Health Savings Account (H.S.A) in the amount of \$15.64 per benefit pay period).

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)
Avesis Vision				
EMPLOYEE Only	\$5.54	\$0	\$5.54	\$3.33
EMPLOYEE + SPOUSE	\$9.68	\$0	\$9.68	\$5.81
EMPLOYEE + CHILD	\$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)
EDS Dental Plan				
EMPLOYEE Only	\$9.02	\$8.76	\$0.26	\$0.16
EMPLOYEE + SPOUSE	\$17.56	\$8.76	\$8.80	\$5.28
EMPLOYEE + CHILD	\$23.44	\$8.76	\$14.68	\$8.81
EMPLOYEE + FAMILY	\$26.15	\$8.76	\$17.39	\$10.44
Delta Dental Plan				
EMPLOYEE Only	\$39.71	\$8.76	\$30.95	\$18.57
EMPLOYEE + SPOUSE	\$81.44	\$8.76	\$72.68	\$43.61
EMPLOYEE + CHILD	\$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
United Pet Care New!! - 1 Plan, 1 Price		
1 Pet	\$12.50	\$7.50
2 Pets	\$24.20	\$14.52
3 Pets	\$35.60	\$21.36
Each Additional Pet	Add \$11.30 per pet	Varies on # of Pets

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