



# INSURANCE RATES SY 2021 - 2022

Effective July 1, 2021

**Please Note:** Rates for **Medical, Dental, & Vision** are *pre-tax dollar* deductions. This allows employee dollars to stretch further and saves employees money. For every pre-tax dollar spent, employees actually save approximately 40 cents.

## 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	\$471.00	\$364.90	\$106.10	\$63.66
EMPLOYEE + SPOUSE	\$934.00	\$364.90	\$569.10	\$341.46
EMPLOYEE + CHILD	\$869.00	\$364.90	\$504.10	\$302.46
EMPLOYEE + FAMILY	\$1,264.00	\$364.90	\$899.10	\$539.46
<b>Medical Banner Value Silver</b>				
EMPLOYEE Only	\$431.00	\$364.90	\$66.10	\$39.66
EMPLOYEE + SPOUSE	\$855.00	\$364.90	\$490.10	\$294.06
EMPLOYEE + CHILD	\$795.00	\$364.90	\$430.10	\$258.06
EMPLOYEE + FAMILY	\$1,156.00	\$364.90	\$791.10	\$474.66
<b>Medical HDHP \$1,500 Banner</b>				
EMPLOYEE Only	\$381.57	\$364.90	\$16.67	\$10.00
EMPLOYEE + SPOUSE	\$707.50	\$364.90	\$342.60	\$205.56
EMPLOYEE + CHILD	\$658.50	\$364.90	\$293.60	\$176.16
EMPLOYEE + FAMILY	\$955.50	\$364.90	\$590.60	\$354.36

*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 \$13.24 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)
<b>Avesis Vision</b>				
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)
<b>EDS Dental Plan</b>				
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
<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	\$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>Plan Option # 1 – Select 2000 II</b>		
1 Pet	\$9.60	\$5.76
2 Pets	\$18.24	\$10.94
3 Pets	\$26.76	\$16.06
Each Additional Pet	Add \$8.44 per pet	Varies on # of Pets
<b>Plan Option # 2 - Choice 2000 II</b>		
1 Pet	\$11.66	\$7.00
2 Pets	\$22.24	\$13.35
3 Pets	\$32.58	\$19.55
Each Additional Pet	Add \$10.20 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