

Insurance rates are effective September 1, 2018. If you need additional information, please visit the district website at [d91.k12.id.us](http://d91.k12.id.us)→Employee Website→Departments→Human Resources→ District Provided & Supplemental Insurance (second row, middle blue box) or contact Human Resources at 525-7555.

**Certified Blue Cross Medical Insurance Premiums 2018-2019**

For .91 to 1.00 FTE			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$16.72	\$584.45	\$0.00	\$584.45	\$0.00
2 Party	\$1,327.95	\$740.37	\$1,284.70	\$700.25	\$1,284.70	\$700.25
Family	\$1,538.40	\$950.82	\$1,487.25	\$902.80	\$1,487.25	\$902.80
2 Party No Spouse	\$931.25	\$343.67	\$902.75	\$318.30	\$902.75	\$318.30
Family No Spouse	\$1,081.55	\$493.97	\$1,047.45	\$463.00	\$1,047.45	\$463.00

For .81 to .90 FTE			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$75.48	\$584.45	\$58.44	\$584.45	\$58.44
2 Party	\$1,327.95	\$799.13	\$1,284.70	\$758.69	\$1,284.70	\$758.69
Family	\$1,538.40	\$1,009.58	\$1,487.25	\$961.24	\$1,487.25	\$961.24
2 Party No Spouse	\$931.25	\$402.43	\$902.75	\$376.74	\$902.75	\$376.74
Family No Spouse	\$1,081.55	\$552.73	\$1,047.45	\$521.44	\$1,047.45	\$521.44

For .75 to .80 FTE			Traditional PPO		H S A Option	
Coverage	Total Cost	Employee Share	Total Cost	Employee Share	Total Cost	Employee Share
Individual	\$604.30	\$134.24	\$584.45	\$116.89	\$584.45	\$116.89
2 Party	\$1,327.95	\$857.89	\$1,284.70	\$817.14	\$1,284.70	\$817.14
Family	\$1,538.40	\$1,068.34	\$1,487.25	\$1,019.69	\$1,487.25	\$1,019.69
2 Party No Spouse	\$931.25	\$461.19	\$902.75	\$435.19	\$902.75	\$435.19
Family No Spouse	\$1,081.55	\$611.49	\$1,047.45	\$579.89	\$1,047.45	\$579.89

**Less than .75 FTE:** You will not be eligible for medical insurance through the district.

**Special Considerations:**

**If your spouse works for the district:** If both husband and wife work full-time for the district and elect family coverage, the district subtracts two district shares from the total family cost to calculate the employee's cost.

## Certified Dental Insurance Premiums 2018-2019

For .91 to 1.00 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$0.00
2 Party	\$72.86	\$38.11
Family	\$111.83	\$77.08
Employee + Child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$41.00	\$0.00
\$81.95	\$40.95
\$125.85	\$84.85
\$81.15	\$40.15

For .81 to .90 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$3.47
2 Party	\$72.86	\$41.58
Family	\$111.83	\$80.55
Employee + child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$41.00	\$4.10
\$81.95	\$45.05
\$125.85	\$88.95
\$81.15	\$44.25

For .75 to .80 FTE

Delta Dental		
Coverage	Total Cost	Employee Share
Individual	\$34.75	\$6.95
2 Party	\$72.86	\$45.06
Family	\$111.83	\$84.03
Employee + child/children	N/A	N/A

Willamette Dental

Total Cost	Employee Share
\$41.00	\$8.20
\$81.95	\$49.15
\$125.85	\$93.05
\$81.15	\$48.35

**Less than .75 FTE:** You will not be eligible for dental insurance through the district.

### Special Considerations:

**If your spouse works for the district:** If both husband and wife work full-time for the district and elect family coverage, the district subtracts two district shares from the total family cost to calculate the employee's cost.

## Life Insurance

The district provides \$50,000 of term life insurance coverage through UNUM for each full-time employee on a prorated basis up to age 70 with reduced benefits for active employees who are 70 or older.

### Pro-rated Life Insurance Table

From	To	District	Employee Share
0.75	0.80	\$3.60	\$0.90
0.81	0.90	\$4.05	\$0.45
0.91	1.00	\$4.50	\$0.00

**Less than .75 FTE:** You will not be eligible for life insurance through the district.

You may also purchase dependent life insurance from UNUM for your dependents at a cost of \$2.05 per month for your family. This will provide \$10,000 of coverage on your spouse and \$5,000 for each dependent child under age 26. You must check the box on the top of the UNUM form to enroll in dependent coverage.