

Insurance rates are effective September 1, 2016. If you need additional information, please visit the district website at 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 2016-2017

For .91 to 1.00 FTE **Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$16.72
2 Party	\$1,256.90	\$701.47
Family	\$1,456.10	\$900.67
2 Party No Spouse	\$881.55	\$326.12
Family No Spouse	\$1,023.75	\$468.32

H S A Option

Total Cost	Employee Share
\$552.80	\$0.00
\$1,214.40	\$661.60
\$1,406.50	\$853.70
\$851.55	\$298.75
\$988.90	\$436.10

For .81 to .90 FTE **Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$72.26
2 Party	\$1,256.90	\$757.01
Family	\$1,456.10	\$956.21
2 Party No Spouse	\$881.55	\$381.66
Family No Spouse	\$1,023.75	\$523.86

H S A Option

Total Cost	Employee Share
\$552.80	\$55.28
\$1,214.40	\$716.88
\$1,406.50	\$908.98
\$851.55	\$354.03
\$988.90	\$491.38

For .75 to .80 FTE **Traditional PPO**

Coverage	Total Cost	Employee Share
Individual	\$572.15	\$127.81
2 Party	\$1,256.90	\$812.56
Family	\$1,456.10	\$1,011.76
2 Party No Spouse	\$881.55	\$437.21
Family No Spouse	\$1,023.75	\$579.41

H S A Option

Total Cost	Employee Share
\$552.80	\$110.56
\$1,214.40	\$772.16
\$1,406.50	\$964.26
\$851.55	\$409.31
\$988.90	\$546.66

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 2016-2017

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
\$39.05	\$0.00
\$78.08	\$39.03
\$119.85	\$80.80
\$77.30	\$38.25

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
\$39.05	3.90
\$78.08	42.93
\$119.85	84.70
\$77.30	42.15

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
\$39.05	\$7.81
\$78.08	\$46.84
\$119.85	\$88.61
\$77.30	\$46.06

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 LifeMap 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	\$4.40	\$1.10
0.81	0.90	\$4.95	\$0.55
0.91	1.00	\$5.50	\$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 LifeMap 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 Life Map form to enroll in dependent coverage.