



Health Insurance Rates Effective July 1, 2018

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period			Part Time Employee - Your Cost Per Pay Period		
		Teacher - Licensed Employee	Support Employee Salary Grade Below 25	Administrator/ Support Employee Salary Grade 25+	Teacher - Licensed Employee	Support Employee Salary Grade Below 25	Administrator/ Support Employee Salary Grade 25+
Medical Plans							
Kaiser HMO							
Employee Only	\$ 566.21	\$ 56.62	\$ 28.31	\$ 45.30	\$ 113.24	\$ 84.93	\$ 101.92
Employee + 1 Dependent	1,085.82	108.58	54.29	86.87	217.16	162.87	195.45
Family	1,508.04	150.80	75.40	120.64	301.61	226.21	271.45
United Healthcare POS							
Employee Only	\$ 768.81	\$ 76.88	\$ 38.44	\$ 61.50	\$ 153.76	\$ 115.32	\$ 138.39
Employee + 1 Dependent	1,476.52	147.65	73.83	118.12	295.30	221.48	265.77
Family	2,051.44	205.14	102.57	164.12	410.29	307.72	369.26
Dental Plan - CareFirst							
Employee Only	\$ 39.82	\$ 8.56	\$ 8.56	\$ 8.56	\$ 11.35	\$ 11.35	\$ 11.35
Employee + 1 Dependent	64.88	13.95	13.95	13.95	18.49	18.49	18.49
Family	104.42	22.45	22.45	22.45	29.76	29.76	29.76
Vision Plan - EyeMed							
Employee Only	\$ 6.34	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17	\$ 3.17
Employee + 1 Dependent	12.05	6.03	6.03	6.03	6.03	6.03	6.03
Family	17.70	8.85	8.85	8.85	8.85	8.85	8.85

* COBRA Rates

Full time employee regularly working 30 hours or more a week

Part time employee regularly working 20 to 29 hours a week

Employee per pay deduction based on 24 pays