

HSA Insurance Premiums
MPEQ1Z0724

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
Medical	\$902.74	\$779.26	\$123.48	\$61.74
Dental	\$35.22	\$29.94	\$5.28	\$2.64
Vision	\$6.67	\$5.67	\$1.00	\$0.50
Total	\$944.63	\$814.87	\$129.76	\$64.88

		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,855.50	\$1,413.80	\$441.70	\$220.85
Dental	\$98.60	\$73.95	\$24.65	\$12.33
Vision	\$13.32	\$9.99	\$3.33	\$1.67
Total	\$1,967.42	\$1,497.74	\$469.68	\$234.85

		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$2,307.15	\$1,510.46	\$796.69	\$398.35
Dental	\$70.44	\$42.26	\$28.18	\$14.09
Vision	\$12.65	\$7.59	\$5.06	\$2.53
Total	\$2,390.24	\$1,560.31	\$829.93	\$414.97

		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$3,259.91	\$1,610.55	\$1,649.36	\$824.68
Dental	\$148.03	\$59.21	\$88.82	\$44.41
Vision	\$19.59	\$7.84	\$11.75	\$5.88
Total	\$3,427.53	\$1,677.60	\$1,749.93	\$874.97

PPO/HRA Insurance Premiums
NNP93336

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
Medical	\$989.10	\$841.51	\$147.59	\$73.80
Dental	\$35.22	\$29.94	\$5.28	\$2.64
Vision	\$6.67	\$5.67	\$1.00	\$0.50
Total	\$1,030.99	\$877.12	\$153.87	\$76.94

		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$2,033.00	\$1,533.91	\$499.09	\$249.55
Dental	\$98.60	\$73.95	\$24.65	\$12.33
Vision	\$13.32	\$9.99	\$3.33	\$1.67
Total	\$2,144.92	\$1,617.85	\$527.07	\$263.55

		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$2,527.88	\$1,616.96	\$910.92	\$455.46
Dental	\$70.44	\$42.26	\$28.18	\$14.09
Vision	\$12.65	\$7.59	\$5.06	\$2.53
Total	\$2,610.97	\$1,666.81	\$944.16	\$472.08

		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$3,571.78	\$1,696.31	\$1,875.47	\$937.74
Dental	\$148.03	\$59.21	\$88.82	\$44.41
Vision	\$19.59	\$7.84	\$11.75	\$5.88
Total	\$3,739.40	\$1,763.36	\$1,976.04	\$988.02

HSA Insurance Premiums (low cost)
MIEEE3073

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
Medical	\$736.65	\$622.16	\$114.49	\$57.25
Dental	\$35.22	\$29.94	\$5.28	\$2.64
Vision	\$6.67	\$5.67	\$1.00	\$0.50
Total	\$778.54	\$657.77	\$120.77	\$60.39

		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,514.12	\$1,152.80	\$361.32	\$180.66
Dental	\$98.60	\$73.95	\$24.65	\$12.33
Vision	\$13.32	\$9.99	\$3.33	\$1.67
Total	\$1,626.04	\$1,236.74	\$389.30	\$194.66

		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$1,882.69	\$1,148.81	\$733.88	\$366.94
Dental	\$70.44	\$42.26	\$28.18	\$14.09
Vision	\$12.65	\$7.59	\$5.06	\$2.53
Total	\$1,965.78	\$1,198.66	\$767.12	\$383.56

		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$2,660.15	\$1,147.96	\$1,512.19	\$756.10
Dental	\$148.03	\$59.21	\$88.82	\$44.41
Vision	\$19.59	\$7.84	\$11.75	\$5.88
Total	\$2,827.77	\$1,215.01	\$1,612.76	\$806.38

HRA Insurance Premiums (Blue Choice)
MIBCO2040

		Board	Employee	Employee
Single Coverage		Monthly	Monthly	Per Check
Medical	\$904.12	\$760.19	\$143.93	\$71.97
Dental	\$35.22	\$29.94	\$5.28	\$2.64
Vision	\$6.67	\$5.67	\$1.00	\$0.50
Total	\$946.01	\$795.80	\$150.21	\$75.11

		Board	Employee	Employee
Plus Child Coverage		Monthly	Monthly	Per Check
Medical	\$1,858.34	\$1,411.65	\$446.69	\$223.35
Dental	\$98.60	\$73.95	\$24.65	\$12.33
Vision	\$13.32	\$9.99	\$3.33	\$1.67
Total	\$1,970.26	\$1,495.59	\$474.67	\$237.35

		Board	Employee	Employee
Plus Spouse Coverage		Monthly	Monthly	Per Check
Medical	\$2,310.70	\$1,407.20	\$903.50	\$451.75
Dental	\$70.44	\$42.26	\$28.18	\$14.09
Vision	\$12.65	\$7.59	\$5.06	\$2.53
Total	\$2,393.79	\$1,457.05	\$936.74	\$468.37

		Board	Employee	Employee
Full Family Coverage		Monthly	Monthly	Per Check
Medical	\$3,264.92	\$1,411.39	\$1,853.53	\$926.77
Dental	\$148.03	\$59.21	\$88.82	\$44.41
Vision	\$19.59	\$7.84	\$11.75	\$5.88
Total	\$3,432.54	\$1,478.44	\$1,954.10	\$977.05