



PREMIUM RATE SHEET
BI-WEEKLY
CLASSIFIED STAFF Hired after July 1, 2016
Effective 9/01/2017

BI-WEEKLY RATES-DEDUCTIONS TAKEN 20 TIMES A YEAR

If enrolling after September 1st, an increased deduction will be taken to pay for summer coverage.

MEDICAL

PREFERRED PPO PLAN

STANDARD PPO PLAN

Employees working 6 ½ hours or less per day

Single	\$ 92.29	Single	\$ 64.64
2-Party	\$180.95	2-Party	\$126.74
Family	\$216.67	Family	\$151.76

Employees working 7 to 8 hours per day

Single	\$ 73.83	Single	\$ 51.71
2-Party	\$144.76	2-Party	\$101.39
Family	\$173.33	Family	\$121.40

DENTAL

Single	\$19.60
2-Party	\$39.37
Family	\$59.22

VISION

Single	\$ 3.89
2-Party	\$ 6.37
Family	\$ 12.08