

2023-2024 INSURANCE RATES Tolleson Elementary School District No. 17

	Employee Paid Monthly Premium 3.4% increase	Employee Paid Annual Premium (x 12)	Divided by 22 Pays	Total Monthly Premium Paid	Total Annual Premium Paid	Every Employee Receives	Additional Subsidy on behalf of Employee (Annually)
High Deductible Health Plan with Health Savings Account(HDHP): \$2,800 Ind./\$5,600 Family Deductible							
Maximum out-of-pocket \$6,000 Ind./\$12,000 Family							
	80% covered after deductible has been met; 100% after max out of pocket is met--see Summary of Benefits.						
Medical							
EE (Employee Only)		\$ 1,405.00	H.S.A.*	\$518.59	\$6,223.08	\$7,462.90	\$165.18
EE + Spouse/D Partner	\$ 304.30	\$ 3,651.60	\$ 165.98	\$1,037.18	\$12,446.16	\$7,462.90	\$1,331.66
EE + Child(ren)	\$ 202.59	\$ 2,431.08	\$ 110.50	\$874.77	\$10,497.24	\$7,462.90	\$603.26
EE + Family	\$ 719.75	\$ 8,637.00	\$ 392.59	\$1,477.99	\$17,735.88	\$7,462.90	\$1,635.98
Traditional PPO: Co-Pay PCP \$10/30 & Spec \$30/\$60 Deductible \$1,000 Ind./\$2,000 Family Deductible							
Maximum out-of-pocket \$6,000 Ind./\$12,000 Family							
	80% covered after deductible has been met; 100% after max out of pocket is met--see Summary of Benefits.						
Medical							
EE (Employee Only)	\$ 41.53	\$ 498.30	\$ 22.65	\$704.90	\$8,458.80	\$7,462.90	\$497.60
EE + Spouse/D Partner	\$ 579.67	\$ 6,956.04	\$ 316.18	\$1,409.79	\$16,917.48	\$7,462.90	\$2,498.54
EE + Child(ren)	\$ 413.47	\$ 4,961.64	\$ 225.53	\$1,189.04	\$14,268.48	\$7,462.90	\$1,843.94
EE + Family	\$ 957.48	\$ 11,489.76	\$ 522.26	\$2,008.95	\$24,107.40	\$7,462.90	\$5,154.74
DELTA DENTAL							
EE (Employee Only)	\$ 32.86	\$ 394.32	\$ 17.92				
EE + Spouse/D Partner	\$ 65.72	\$ 788.64	\$ 35.85				
EE + Child(ren)	\$ 69.01	\$ 828.12	\$ 37.64				
EE + Family	\$ 98.58	\$ 1,182.96	\$ 53.77				
Cigna DHMO							
EE (Employee Only)	\$ 9.95	\$ 119.40	\$ 5.43				
EE + Spouse/D Partner	\$ 19.68	\$ 236.16	\$ 10.73				
EE + Child(ren)	\$ 22.06	\$ 264.72	\$ 12.03				
EE + Family	\$ 24.21	\$ 290.52	\$ 13.21				
UHC Vision							
EE (Employee Only)	\$ 5.77	\$ 69.24	\$ 3.15				
EE + Spouse/D Partner	\$ 11.54	\$ 138.48	\$ 6.29				
EE + Child(ren)	\$ 12.34	\$ 148.08	\$ 6.73				
EE + Family	\$ 19.73	\$ 236.76	\$ 10.76				
PRE-PAID LEGAL							
EE (Employee Only)	\$ 18.50	\$ 222.00	\$ 10.09				
	District Pays Health Savings Account Directly to Optum Bank:						
	\$1,405 deposit in 2 payments with Wellstyles for HDHP Employee Only						
	2024 Additional HSA Maximum Limits:						
Board Approval: April 5, 2023	Individual \$3,850/Family \$ 7,750/55+ \$1,000 additional						