

2018-19 INSURANCE PREMIUMS

For Full Time Employees who **HAVE** completed the Wellness Incentive for this year

updated 7/17/2018

	<u>Select Health</u> Value	<u>Select Health</u> High Deductible (SelectMed Plus HealthSave)	HSA (Health Savings Account) Annual District Contribution	<u>University Of Utah</u> Healthy Preferred EPO	<u>University Of Utah</u> High Deductible (Healthy Premier)
Single	125.99	91.50	543.00	125.99	91.50
Couple	297.74	219.79	731.00	297.74	219.79
Family	451.30	333.17	900.00	451.30	333.17

2018-19 INSURANCE PREMIUMS

For Full Time Employees who **HAVE NOT** completed the Wellness Incentive for this year

	<u>Select Health</u> Value	<u>Select Health</u> High Deductible (SelectMed Plus HealthSave)	HSA (Health Savings Account) Annual District Contribution	<u>University Of Utah</u> Healthy Preferred EPO	<u>University Of Utah</u> High Deductible (Healthy Premier)
Single	142.66	108.17	543.00	142.66	108.17
Couple	314.41	236.45	731.00	314.41	236.45
Family	467.96	349.84	900.00	467.96	349.84

Dental Select Benefits are based on the calendar year <i>not</i> our plan year	Dental Select Gold	Dental Select Platinum (EPO) Low Option 3	Dental Select Platinum (PPO) High Option 2	
	Single	20.00	24.00	32.00
	Couple	41.00	52.00	61.00
	Family	61.00	75.00	114.00

Opticare Vision		Eyemed Network (Dental Select) Insight	
70B	120B	13	14
2.71	4.11	3.30	5.82
5.31	8.06	6.42	11.27
7.99	12.12	8.48	14.78