

2016-17 INSURANCE PREMIUMS

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

updated 7/22/2016

	Select Health Value	Select Health SelectMed+ Signature Traditional	Select Health SelectMed+ HealthSave High Deductible	HSA (Health Savings Account) Annual District Contribution	Aetna Health Network Peak Preference	Aetna Open Access Peak Plus Traditional	Aetna High Deductible
Single	110.38	156.25	80.16	243.00	110.38	156.25	80.16
Couple	260.84	369.23	192.55	431.00	260.84	369.23	192.55
Family	395.36	559.53	291.88	600.00	395.36	559.53	291.88

2016-17 INSURANCE PREMIUMS

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

	Select Health Value	Select Health SelectMed+ Signature Traditional	Select Health SelectMed+ HealthSave High Deductible	HSA (Health Savings Account) Annual District Contribution	Aetna Health Network Peak Preference	Aetna Open Access Peak Plus Traditional	Aetna High Deductible
Single	127.05	172.92	96.83	243.00	127.05	172.92	96.83
Couple	277.51	385.89	209.22	431.00	277.51	385.89	209.22
Family	412.03	576.19	308.54	600.00	412.03	576.19	308.54

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	Opticare Vision		Eyemed Network (Dental Select)	
					70B	120B	Insight 13	14
	Single	17.60	21.45	28.29	2.71	4.11	2.96	5.21
	Couple	35.37	45.11	53.67	5.31	8.06	5.75	10.09
	Family	54.43	64.84	99.08	7.99	12.12	7.59	13.23