

**Yuma School District One  
2019-2020 Health Insurance Cost**

<b>PPO 750 - MEDICAL</b>	<b>Monthly Premium Rate</b>	<b>Employee Monthly Premium</b>	<b>Employee Yearly Premium</b>	<b>26 PAY Employee Bi-Weekly Deduction</b>	<b>21 PAY Employee Bi-Weekly Deduction</b>	<b>20 PAY Employee Bi-Weekly Deduction</b>
<i>Employee Only</i>	\$ 976.69	\$ 420.69	\$ 5,048.28	\$ 194.16	\$ 240.39	\$ 252.41
<i>Employee +Spouse</i>	\$ 1,933.85	\$ 1,377.85	\$ 16,534.20	\$ 635.93	\$ 787.35	\$ 826.71
<i>Employee + Children</i>	\$ 1,826.41	\$ 1,270.41	\$ 15,244.92	\$ 586.34	\$ 725.96	\$ 762.25
<i>Employee + Family</i>	\$ 2,392.89	\$ 1,836.89	\$ 22,042.68	\$ 847.80	\$ 1,049.65	\$ 1,102.13

<b>PPO 1000 - MEDICAL</b>	<b>Monthly Premium Rate</b>	<b>Employee Monthly Premium</b>	<b>Employee Yearly Premium</b>	<b>26 PAY Employee Bi-Weekly Deduction</b>	<b>21 PAY Employee Bi-Weekly Deduction</b>	<b>20 PAY Employee Bi-Weekly Deduction</b>
<i>Employee Only</i>	\$ 807.13	\$ 251.13	\$ 3,013.56	\$ 115.91	\$ 143.50	\$ 150.68
<i>Employee +Spouse</i>	\$ 1,598.12	\$ 1,042.12	\$ 12,505.44	\$ 480.98	\$ 595.50	\$ 625.27
<i>Employee + Children</i>	\$ 1,509.33	\$ 953.33	\$ 11,439.96	\$ 440.00	\$ 544.76	\$ 572.00
<i>Employee + Family</i>	\$ 1,977.47	\$ 1,421.47	\$ 17,057.64	\$ 656.06	\$ 812.27	\$ 852.88

<b>HDHP 2000 -High Deductible Health Plan (HDHP) with Savings Account MEDICAL</b>	<b>Premium Rate</b>	<b>Employee Monthly Premium</b>	<b>Employee Yearly Premium</b>	<b>26 PAY Employee Bi-Weekly Deduction</b>	<b>21 PAY Employee Bi-Weekly Deduction</b>	<b>20 PAY Employee Bi-Weekly Deduction</b>
<i>Employee Only **</i>	\$ 581.03	\$ 25.00	\$ 300.00	\$ 11.54	\$ 14.29	\$ 15.00
<i>Employee +Spouse</i>	\$ 1,150.44	\$ 594.44	\$ 7,133.28	\$ 274.36	\$ 339.68	\$ 356.66
<i>Employee + Children</i>	\$ 1,086.53	\$ 530.53	\$ 6,366.36	\$ 244.86	\$ 303.16	\$ 318.32
<i>Employee + Family</i>	\$ 1,423.52	\$ 867.52	\$ 10,410.24	\$ 400.39	\$ 495.73	\$ 520.51

<b>DENTAL-MetLife</b>	<b>Monthly Premium Rate</b>	<b>Employee Monthly Premium</b>	<b>Employee Yearly Premium</b>	<b>26 PAY Employee Bi-Weekly Deduction</b>	<b>21 PAY Employee Bi-Weekly Deduction</b>	<b>20 PAY Employee Bi-Weekly Deduction</b>
<i>Employee Only</i>	\$ 39.57	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Employee +Spouse</i>	\$ 81.16	\$ 41.59	\$ 499.08	\$ 19.20	\$ 23.77	\$ 24.95
<i>Employee + Children</i>	\$ 76.09	\$ 36.52	\$ 438.24	\$ 16.86	\$ 20.87	\$ 21.91
<i>Employee + Family</i>	\$ 101.44	\$ 61.87	\$ 742.44	\$ 28.56	\$ 35.35	\$ 37.12

<b>VISION-EyeMed Vision</b>	<b>Monthly Premium Rate</b>	<b>Employee Monthly Premium</b>	<b>Employee Yearly Premium</b>	<b>26 PAY Employee Bi-Weekly Deduction</b>	<b>21 PAY Employee Bi-Weekly Deduction</b>	<b>20 PAY Employee Bi-Weekly Deduction</b>
<i>Employee Only</i>	\$ 5.41	\$ -	\$ -	\$ -	\$ -	\$ -
<i>Employee +Spouse</i>	\$ 9.97	\$ 4.56	\$ 54.72	\$ 2.10	\$ 2.61	\$ 2.74
<i>Employee + Children</i>	\$ 10.52	\$ 5.11	\$ 61.32	\$ 2.36	\$ 2.92	\$ 3.07
<i>Employee + Family</i>	\$ 15.01	\$ 9.60	\$ 115.20	\$ 4.43	\$ 5.49	\$ 5.76