

**Yuma School District One
2021-2022 Active Health Insurance Rates**

PPO 750 - MEDICAL	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly Deduction	21 PAY Employee Bi-Weekly Deduction	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly Deduction	21 PAY Employer Bi-Weekly Deduction	20 PAY Employer Bi-Weekly Deduction
Employee Only	\$ 903.46	\$ 391.01	\$ 4,692.12	\$ 180.47	\$ 223.43	\$ 234.61	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee +Spouse	\$ 1,788.86	\$ 1,276.41	\$ 15,316.92	\$ 589.11	\$ 729.39	\$ 765.85	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Children	\$ 1,689.47	\$ 1,177.02	\$ 14,124.24	\$ 543.24	\$ 672.59	\$ 706.21	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Family	\$ 2,213.48	\$ 1,701.03	\$ 20,412.36	\$ 785.09	\$ 972.02	\$ 1,020.62	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47

PPO 1000 - MEDICAL	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly Deduction	21 PAY Employee Bi-Weekly Deduction	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly Deduction	21 PAY Employer Bi-Weekly Deduction	20 PAY Employer Bi-Weekly Deduction
Employee Only	\$ 746.58	\$ 234.13	\$ 2,809.56	\$ 108.06	\$ 133.79	\$ 140.48	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee +Spouse	\$ 1,478.23	\$ 965.78	\$ 11,589.36	\$ 445.74	\$ 551.87	\$ 579.47	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Children	\$ 1,396.10	\$ 883.65	\$ 10,603.80	\$ 407.84	\$ 504.94	\$ 530.19	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Family	\$ 1,829.12	\$ 1,316.67	\$ 15,800.04	\$ 607.69	\$ 752.38	\$ 790.00	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47

HDHP 2000 High Deductible Health Plan (HDHP) with Health Savings Account MEDICAL	Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly Deduction	21 PAY Employee Bi-Weekly Deduction	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly Deduction	21 PAY Employer Bi-Weekly Deduction	20 PAY Employer Bi-Weekly Deduction
Employee Only**	\$ 537.45	\$ 25.00	\$ 300.00	\$ 11.54	\$ 14.29	\$ 15.00	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee +Spouse	\$ 1,064.16	\$ 551.71	\$ 6,620.52	\$ 254.64	\$ 315.26	\$ 331.03	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Children	\$ 1,005.04	\$ 492.59	\$ 5,911.08	\$ 227.35	\$ 281.48	\$ 295.55	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47
Employee + Family	\$ 1,316.76	\$ 804.31	\$ 9,651.72	\$ 371.22	\$ 459.61	\$ 482.59	\$512.45	\$ 6,149.40	\$ 236.52	\$ 292.83	\$ 307.47

DENTAL-MetLife	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly Deduction	21 PAY Employee Bi-Weekly Deduction	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly Deduction	21 PAY Employer Bi-Weekly Deduction	20 PAY Employer Bi-Weekly Deduction
Employee Only	\$ 41.55	\$ -	\$ -	\$ -	\$ -	\$ -	\$41.55	\$ 498.60	\$ 19.18	\$ 23.74	\$ 24.93
Employee +Spouse	\$ 85.49	\$ 43.94	\$ 527.28	\$ 20.28	\$ 25.11	\$ 26.36	\$41.55	\$ 498.60	\$ 19.18	\$ 23.74	\$ 24.93
Employee + Children	\$ 79.89	\$ 38.34	\$ 460.08	\$ 17.70	\$ 21.91	\$ 23.00	\$41.55	\$ 498.60	\$ 19.18	\$ 23.74	\$ 24.93
Employee + Family	\$ 106.51	\$ 64.96	\$ 779.52	\$ 29.98	\$ 37.12	\$ 38.98	\$41.55	\$ 498.60	\$ 19.18	\$ 23.74	\$ 24.93

ION-EyeMed Vision Care	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly Deduction	21 PAY Employee Bi-Weekly Deduction	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly Deduction	21 PAY Employer Bi-Weekly Deduction	20 PAY Employer Bi-Weekly Deduction
Employee Only	\$ 5.69	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5.69	\$ 68.28	\$ 2.63	\$ 3.25	\$ 3.41
Employee +Spouse	\$ 10.49	\$ 4.80	\$ 57.60	\$ 2.22	\$ 2.74	\$ 2.88	\$ 5.69	\$ 68.28	\$ 2.63	\$ 3.25	\$ 3.41
Employee + Children	\$ 11.06	\$ 5.37	\$ 64.44	\$ 2.48	\$ 3.07	\$ 3.22	\$ 5.69	\$ 68.28	\$ 2.63	\$ 3.25	\$ 3.41
Employee + Family	\$ 15.79	\$ 10.10	\$ 121.20	\$ 4.66	\$ 5.77	\$ 6.06	\$ 5.69	\$ 68.28	\$ 2.63	\$ 3.25	\$ 3.41

EMPLOYER PAID LIFE INSURANCE-Symetra	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly	21 PAY Employee Bi-Weekly	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly	21 PAY Employer Bi-Weekly	20 PAY Employer Bi-Weekly Deduction
Employee Only		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.00	\$ 12.00	\$ 0.46	\$ 0.57	\$ 0.60

AETNA-Employee Assistance	Monthly Premium Rate	Employee Monthly Premium	Employee Yearly Premium	26 PAY Employee Bi-Weekly	21 PAY Employee Bi-Weekly	20 PAY Employee Bi-Weekly Deduction	Employer Monthly Premium	Employer Yearly Premium	26 PAY Employer Bi-Weekly	21 PAY Employer Bi-Weekly	20 PAY Employer Bi-Weekly Deduction
Employee Only		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.38	\$ 16.56	\$ 0.64	\$ 0.79	\$ 0.83