

**Monthly Insurance Premiums
July 1, 2020 – June 30, 2021**

Health Insurance

		Dean		GHC	
		HMO	POS	HMO	POS
Full Monthly Premium					
Single		\$675.86	\$754.09	\$569.15	\$825.09
Family		\$1,777.51	\$1,983.26	\$1,519.64	\$2,202.99
EA/SEA Food Svc. Play/Learn Secur. Asst	Employee Monthly Contribution - 10 Months of Pay				
	Single	\$20.28	\$45.25	\$17.07	\$49.51
	Family	\$53.33	\$119.00	\$45.59	\$132.18
	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$16.90	\$37.70	\$14.23	\$41.25
	Family	\$44.44	\$99.16	\$37.99	\$110.15
Custodial NUC SEE Sub Teacher Teacher TE-B & TE-G Trades	Employee Monthly Contribution - 10 Months of Pay				
	Single	\$48.66	\$108.59	\$40.98	\$118.81
	Family	\$127.98	\$285.59	\$109.41	\$317.23
	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$40.55	\$90.49	\$34.15	\$99.01
	Family	\$106.65	\$237.99	\$91.18	\$264.36
PR PR-I	Employee Monthly Contribution - 10 Months of Pay				
	Single	\$81.10	\$180.98	\$68.30	\$198.02
	Family	\$213.30	\$475.98	\$182.36	\$528.72
	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$67.59	\$150.82	\$56.92	\$165.02
	Family	\$177.75	\$396.65	\$151.96	\$440.60
Admin.	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$81.10	\$180.98	\$68.30	\$198.02
	Family	\$213.30	\$475.98	\$182.36	\$528.72

Dental Insurance

	Base Plan	Buy-Up Plan
Full Monthly Premium		
Single	\$37.94	\$56.79
Family	\$98.26	\$144.81
Employee Monthly Contribution - 10 Months of Pay		
Single	\$4.55	\$27.17
Family	\$11.79	\$67.65
Employee Monthly Contribution - 12 Months of Pay		
Single	\$3.79	\$22.64
Family	\$9.83	\$56.38

Vision Insurance

	Base Plan
Full Monthly Premium	
Single	\$6.61
Family	\$16.44
Employee Monthly Contribution - 10 Months of Pay	
Single	\$7.93
Family	\$19.73
Employee Monthly Contribution - 12 Months of Pay	
Single	\$6.61
Family	\$16.44

Monthly Insurance Premiums
July 1, 2020 – June 30, 2021

Health Insurance

		Dean		GHC	
		HMO	POS	HMO	POS
Full Monthly Premium					
	Single	\$675.86	\$754.09	\$569.15	\$825.09
	Family	\$1,777.51	\$1,983.26	\$1,519.64	\$2,202.99
ACA 140 Day Sub	Employee Monthly Contribution - 10 Months of Pay				
	Single	\$169.03	\$262.91	\$40.98	\$348.11
	Family	\$1,491.01	\$1,737.91	\$1,181.57	\$2,001.59
	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$140.86	\$219.09	\$34.15	\$290.09
	Family	\$1,242.51	\$1,448.26	\$984.64	\$1,667.99
Substitute	Employee Monthly Contribution - 10 Months of Pay				
	Single	\$811.03	\$904.91	\$682.98	\$990.11
	Family	\$2,133.01	\$2,379.91	\$1,823.57	\$2,643.59
	Employee Monthly Contribution - 12 Months of Pay				
	Single	\$675.86	\$754.09	\$569.15	\$825.09
	Family	\$1,777.51	\$1,983.26	\$1,519.64	\$2,202.99

Dental Insurance

	Base Plan	Buy-Up Plan
Full Monthly Premium		
Single	\$37.94	\$56.79
Family	\$98.26	\$144.81