

2022-2023 Health Insurance Premium

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
BANNER COPAY GOLD					
Employee Only	\$674.00	\$8,088.00	\$7,356.00	\$732.00	\$34.86
Employee + Spouse	\$1,348.00	\$16,176.00	\$7,356.00	\$8,820.00	\$420.00
Employee + Child(ren)	\$1,201.00	\$14,412.00	\$7,356.00	\$7,056.00	\$336.00
Employee + Family	\$1,750.00	\$21,000.00	\$7,356.00	\$13,644.00	\$649.72
Emp+Spouse(Emp#2)- Child(ren) (Family Coverage)	\$1,750.00	\$21,000.00	\$14,712.00	\$6,288.00	\$299.43

Current Copay Gold Plan members only are eligible for this plan. Closed enrollment to new hires and employees who become benefit eligible after July 1, 2014. Employees who exit this plan after June 30, 2015, may not re-enter the plan.

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
BANNER CLASSIC GOLD					
Employee Only	\$613.00	\$7,356.00	\$7,356.00	\$0.00	\$0.00
Employee + Spouse	\$1,227.00	\$14,724.00	\$7,356.00	\$7,368.00	\$350.86
Employee + Child(ren)	\$1,093.00	\$13,116.00	\$7,356.00	\$5,760.00	\$274.29
Employee + Family	\$1,592.00	\$19,104.00	\$7,356.00	\$11,748.00	\$559.43
Emp+Spouse(Emp#2)- Child(ren) (Family Coverage)	\$1,592.00	\$19,104.00	\$14,712.00	\$4,392.00	\$209.15

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	Amt Deposited by District into HSA	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
BANNER HDHP\$1500						
Employee Only	\$487.50	\$5,850.00	\$5,850.00	\$1,506.00	\$0.00	\$0.00
Employee + Spouse	\$973.50	\$11,682.00	\$5,850.00	\$1,506.00	\$5,832.00	\$277.72
Employee + Child(ren)	\$866.50	\$10,398.00	\$5,850.00	\$1,506.00	\$4,548.00	\$216.58
Employee + Family	\$1,262.50	\$15,150.00	\$5,850.00	\$1,506.00	\$9,300.00	\$442.86
Emp+Spouse(Emp#2)+ Child(ren) (Family Coverage)	\$1,262.50	\$15,150.00	\$11,700.00	\$1,506.00 per Emp	\$3,450.00	\$164.29

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
DELTA DENTAL Valley Schools					
Employee Only	\$32.86	\$394.32	\$394.32	\$0.00	\$0.00
Employee + Spouse	\$65.72	\$788.64	\$394.32	\$394.32	\$18.78
Employee + Child(ren)	\$69.01	\$828.12	\$394.32	\$433.80	\$20.66
Employee + Family	\$98.58	\$1,182.96	\$394.32	\$788.64	\$37.56
Emp+Spouse(Emp#2)- Child(ren) (Family Coverage)	\$98.58	\$1,182.96	\$788.64	\$394.32	\$18.78

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
BASIC LIFE					
Employee Only (\$15,000)	\$3.08	\$36.96	\$36.96	\$0.00	\$0.00
Dependent Spouse (\$8,000)	\$3.45	\$41.40	N/A	\$41.40	\$1.98
Dependent Child(ren) (\$5,000)	\$3.45	\$41.40	N/A	\$41.40	\$1.98

	MONTHLY COST	12 MONTH COST	EMPLOYER CONTRIBUTION 12 MONTHS	EMPLOYEE COST 12 MONTHS	EMPLOYEE COST 21 PAYS
VISION (UHC) Valley Schools					
Employee Only	\$5.77	\$69.24	N/A	\$69.24	\$3.30
Employee + Spouse	\$11.54	\$138.48	N/A	\$138.48	\$6.60
Employee + Child(ren)	\$12.34	\$148.08	N/A	\$148.08	\$7.06
Employee + Family	\$19.73	\$236.76	N/A	\$236.76	\$11.28

Governing Board Approved: April 12, 2022