

Glendale Elementary School District No. 40
2023 -2024 Medical, Dental & Vision Premiums

- Payroll deductions start 8/30/2023 and continue through 6/04/2024 for a total of 20 deductions.
- The 1/16/2024 paycheck has no deductions for insurance premiums.
- * Payroll deduction amounts will differ for employees whose hire date is after July 1, 2023.

MEDICAL & VISION INSURANCE United Healthcare	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
TRADITIONAL MEDICAL PLAN					
Employee Only	\$712.47	\$652.47	\$60.00	\$720.00	\$36.00
Employee & Spouse	\$1,471.71	\$1,088.86	\$382.85	\$4,594.20	\$229.71
Employee & Child(ren)	\$1,376.91	\$1,088.86	\$288.05	\$3,456.60	\$172.83
Employee & Family	\$1,803.53	\$1,088.86	\$714.67	\$8,576.04	\$428.81
HIGH DEDUCTIBLE HEALTH PLAN with a HEALTH SAVINGS ACCOUNT (HDHP) (HSA)					
Employee Only	\$652.47	\$652.47	FREE	FREE	FREE
Employee & Spouse	\$1,284.00	\$1,088.86	\$195.14	\$2,341.68	\$117.09
Employee & Child(ren)	\$1,206.26	\$1,088.86	\$117.40	\$1,408.80	\$70.44
Employee & Family	\$1,556.09	\$1,088.86	\$467.23	\$5,606.76	\$280.34
High Deductible Health Plan participants can earn up to \$1,500 for their Health Savings Account (HSA)					
Employer Initial Deposit \$550 - Pro-rated **			Employer Wellness Exam Deposit \$950		
Coverage effective:	07/01 - 09/01	\$550.00	<ul style="list-style-type: none"> • Exam must be received between 01/01/2023 - 12/31/2023 • Availability of funds can take up to 10 days following date of deposit • Deposit schedule: 10/27/2023, 1/26/2024, 3/29/2024 • On the date of the deposit employees must be actively at work and currently enrolled in the HDHP Medical Plan 		
**	10/01 - 12/01	\$450.00			
**	01/01 - 03/01	\$350.00			
**	04/01 - 06/01	\$250.00			
VISION Plan					
Employee Only	\$5.80	\$5.80	FREE	FREE	FREE
Employee & Spouse	\$10.36	\$5.80	\$4.56	\$54.72	\$2.74
Employee & Child(ren)	\$10.85	\$5.80	\$5.05	\$60.60	\$3.03
Employee & Family	\$13.61	\$5.80	\$7.81	\$93.72	\$4.69
DENTAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
LEVEL I PLAN - DELTA DENTAL					
Employee Only	\$26.11	\$26.11	FREE	FREE	FREE
Employee & Spouse	\$52.22	\$27.92	\$24.30	\$291.60	\$14.59
Employee & Child(ren)	\$54.83	\$27.92	\$26.91	\$322.92	\$16.15
Employee & Family	\$78.32	\$27.92	\$50.40	\$604.80	\$30.25
LEVEL III PLAN - DELTA DENTAL					
Employee Only	\$45.01	\$27.92	\$17.09	\$205.08	\$10.26
Employee & Spouse	\$90.03	\$27.92	\$62.11	\$745.32	\$37.27
Employee & Child(ren)	\$94.53	\$27.92	\$66.61	\$799.32	\$39.97
Employee & Family	\$135.04	\$27.92	\$107.12	\$1,285.44	\$64.28
DHMO PLAN - CIGNA DENTAL					
Employee Only	\$9.95	\$9.95	FREE	FREE	FREE
Employee & Spouse	\$19.68	\$19.68	FREE	FREE	FREE
Employee & Child(ren)	\$22.06	\$22.06	FREE	FREE	FREE
Employee & Family	\$24.21	\$24.21	FREE	FREE	FREE