

# CSEA Insurance Rates July 26 - June 27

## CSEA Rates (Health 85/15 of HDHP plan - Dental 70/30)

	Monthly	Annually	Monthly	Annually	Monthly	Annually	Monthly	Annually
<b>Healthy Blue Option 1 (A1)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 1,409.70	\$ 16,916.40	\$ 3,119.64	\$ 37,435.68	\$ 3,030.87	\$ 36,370.44	\$ 3,479.85	\$ 41,758.20
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 571.28	\$ 6,855.32	\$ 1,264.25	\$ 15,171.02	\$ 1,228.22	\$ 14,738.59	\$ 1,410.14	\$ 16,921.71
*10 mos Per Pay Deduction	\$ 342.77		\$ 758.55		\$ 736.93		\$ 846.09	
12 mos Per Pay Deduction	\$ 285.64		\$ 632.13		\$ 614.11		\$ 705.07	
<b>Healthy Blue Option 2 (A2)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 1,355.91	\$ 16,270.92	\$ 3,008.70	\$ 36,104.40	\$ 2,915.07	\$ 34,980.84	\$ 3,339.90	\$ 40,078.80
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 517.49	\$ 6,209.84	\$ 1,153.31	\$ 13,839.74	\$ 1,112.42	\$ 13,348.99	\$ 1,270.19	\$ 15,242.31
*10 mos Per Pay Deduction	\$ 310.49		\$ 691.99		\$ 667.45		\$ 762.12	
12 mos Per Pay Deduction	\$ 258.74		\$ 576.66		\$ 556.21		\$ 635.10	
<b>Healthy Blue Option 3 (A3)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 1,296.74	\$ 15,560.88	\$ 2,906.53	\$ 34,878.36	\$ 2,788.18	\$ 33,458.16	\$ 3,206.13	\$ 38,473.56
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 458.32	\$ 5,499.80	\$ 1,051.14	\$ 12,613.70	\$ 985.53	\$ 11,826.31	\$ 1,136.42	\$ 13,637.07
*10 mos Per Pay Deduction	\$ 274.99		\$ 630.68		\$ 591.32		\$ 681.85	
12 mos Per Pay Deduction	\$ 229.16		\$ 525.57		\$ 492.76		\$ 568.21	
<b>Signature High HDHP (BKW)**</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 986.38	\$ 11,836.56	\$ 2,182.81	\$ 26,193.72	\$ 2,120.77	\$ 25,449.24	\$ 2,434.95	\$ 29,219.40
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 147.96	\$ 1,775.48	\$ 327.42	\$ 3,929.06	\$ 318.12	\$ 3,817.39	\$ 365.24	\$ 4,382.91
*10 mos Per Pay Deduction	\$ 88.77		\$ 196.45		\$ 190.87		\$ 219.15	
12 mos Per Pay Deduction	\$ 73.98		\$ 163.71		\$ 159.06		\$ 182.62	
<b>Blue Point 2 High B (FN)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 1,354.61	\$ 16,255.32	\$ 2,927.19	\$ 35,126.28	\$ 3,145.43	\$ 37,745.16	\$ 3,363.55	\$ 40,362.60
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 516.19	\$ 6,194.24	\$ 1,071.80	\$ 12,861.62	\$ 1,342.78	\$ 16,113.31	\$ 1,293.84	\$ 15,526.11
*10 mos Per Pay Deduction	\$ 309.71		\$ 643.08		\$ 805.67		\$ 776.31	
12 mos Per Pay Deduction	\$ 258.09		\$ 535.90		\$ 671.39		\$ 646.92	
<b>Blue Point 2 Low B (EI)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 1,319.55	\$ 15,834.60	\$ 2,850.05	\$ 34,200.60	\$ 3,061.18	\$ 36,734.16	\$ 3,272.21	\$ 39,266.52
District Share	\$ 838.42	\$ 10,061.08	\$ 1,855.39	\$ 22,264.66	\$ 1,802.65	\$ 21,631.85	\$ 2,069.71	\$ 24,836.49
Employee Share	\$ 481.13	\$ 5,773.52	\$ 994.66	\$ 11,935.94	\$ 1,258.53	\$ 15,102.31	\$ 1,202.50	\$ 14,430.03
*10 mos Per Pay Deduction	\$ 288.68		\$ 596.80		\$ 755.12		\$ 721.50	
12 mos Per Pay Deduction	\$ 240.56		\$ 497.33		\$ 629.26		\$ 601.25	
<b>Dental Blue Opt. 3 (EDE)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 33.53	\$ 402.36	\$ 69.56	\$ 834.72	\$ 81.47	\$ 977.64	\$ 97.06	\$ 1,164.72
District Share	\$ 23.47	\$ 281.65	\$ 48.69	\$ 584.30	\$ 57.03	\$ 684.35	\$ 67.94	\$ 815.30
Employee Share	\$ 10.06	\$ 120.71	\$ 20.87	\$ 250.42	\$ 24.44	\$ 293.29	\$ 29.12	\$ 349.42
*10 mos Per Pay Deduction	\$ 6.04		\$ 12.52		\$ 14.66		\$ 17.47	
12 mos Per Pay Deduction	\$ 5.03		\$ 10.43		\$ 12.22		\$ 14.56	
<b>Dental Blue Opt. 1 (EDC)</b>	Single		2 Person		Family No Spouse		Family	
Premium	\$ 30.69	\$ 368.28	\$ 65.50	\$ 786.00	\$ 76.72	\$ 920.64	\$ 91.37	\$ 1,096.44
District Share	\$ 21.48	\$ 257.80	\$ 45.85	\$ 550.20	\$ 53.70	\$ 644.45	\$ 63.96	\$ 767.51
Employee Share	\$ 9.21	\$ 110.48	\$ 19.65	\$ 235.80	\$ 23.02	\$ 276.19	\$ 27.41	\$ 328.93
*10 mos Per Pay Deduction	\$ 5.52		\$ 11.79		\$ 13.81		\$ 16.45	
12 mos Per Pay Deduction	\$ 4.60		\$ 9.83		\$ 11.51		\$ 13.71	

\* Deductions are based on 20 pays beginning September 15 and ending June 30.  
 July and August payments are deferred and included in the following school year.  
 These months will need to be repayed at a prorated rate if a member leaves prior to June 30.

\*\*Per CSEA contract, Signature High HDHP is the Base Plan (the maximum amount the District will pay towards a member's plan).  
 If a member would like to choose a plan that costs more than the Signature High HDHP plan they are responsible for the additional cost.