

Cave Creek USD 26-27 Health Insurance Premiums with Biweekly

Providers	Total Monthly and Annual Premium rates		Total Employer paid Annual Premiums	Employee paid Monthly COSTS	Employee Biweekly deductions
Medical Option 1 Aetna HDHP C	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Paid Premiums for Plan Year*	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only	\$640.00	\$7,680.00	\$7,680.00	\$0.00	\$0.00
Employee + Spouse	\$1,278.00	\$15,336.00	\$7,680.00	\$638.00	\$364.57
Employee + Child(ren)	\$1,229.00	\$14,748.00	\$7,680.00	\$589.00	\$336.57
Employee + Family	\$1,854.00	\$22,248.00	\$7,680.00	\$1,214.00	\$693.71
<i>Includes Health Saving Account (HSA).</i>	\$20.00	\$240.00	\$7,920.00	Based on election	Based on election
Medical Option 2 Aetna HDHP A	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Paid Premiums for Plan Year*	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only	\$699.00	\$8,388.00	\$7,920.00	\$39.00	\$22.29
Employee + Spouse	\$1,394.00	\$16,728.00	\$7,920.00	\$734.00	\$419.43
Employee + Child(ren)	\$1,335.00	\$16,020.00	\$7,920.00	\$675.00	\$385.71
Employee + Family	\$2,019.00	\$24,228.00	\$7,920.00	\$1,359.00	\$776.57
<i>Includes Health Saving Account (HSA). Employer Contribution of \$0 per year. Total ER Contribution includes annual ER Paid Premiums</i>	\$0.00	\$0.00	\$8,388.00	Based on election	Based on election
Medical Option 3 Aetna VALUE BRONZE	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Paid Premiums for Plan Year*	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only	\$725.00	\$8,700.00	\$7,920.00	\$65.00	\$37.14
Employee + Spouse	\$1,452.00	\$17,424.00	\$7,920.00	\$792.00	\$452.57
Employee + Child(ren)	\$1,392.00	\$16,704.00	\$7,920.00	\$732.00	\$418.29
Employee + Family	\$2,101.00	\$25,212.00	\$7,920.00	\$1,441.00	\$823.43
Flexible Medical Reimbursement Acct			Calendar Year 2025		\$3,300.00
Dependent Care Reimbursement Acct			Calendar Year 2025		\$5,000.00
If you elect either Reimbursement account above, you will be charged a fee.	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
Reimbursement Account Fees	\$3.95	\$47.40	n/a	\$3.95	\$2.26
UNUM Benefit Standard / AD&D Term Life Premiums	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
Class I (Administrators)	\$7.60	\$91.20	\$91.20	n/a	n/a
Class II (all others) 10k	\$0.95	\$11.40	\$11.40	n/a	n/a
UNUM Voluntary/Supplemental Life Insurance	<i>Employee and Spouse coverage is based on election amounts and adult's age band. Spouse's coverage cannot exceed the Employee's elected coverage amount. Guaranteed issue amounts for new employees when elected within the first 31 days after eligibility date. Employee up to 150k. Spouse up to 50k. Evidence of insurability is required for elections above the guaranteed amounts.</i>				

Dental Option 1 High Plan	UNUM	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only		\$41.03	\$492.36	n/a	\$41.03	\$23.45
Employee + Spouse		\$84.13	\$1,009.56	n/a	\$84.13	\$48.07
Employee + Child(ren)		\$96.45	\$1,157.40	n/a	\$96.45	\$55.11
Employee + Family		\$129.87	\$1,558.44	n/a	\$129.87	\$74.21
Dental Option 2 Low Plan	UNUM	Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only		\$31.09	\$373.08	n/a	\$31.09	\$17.77
Employee + Spouse		\$63.55	\$762.60	n/a	\$63.55	\$36.31
Employee + Child(ren)		\$73.57	\$882.84	n/a	\$73.57	\$42.04
Employee + Family		\$98.78	\$1,185.36	n/a	\$98.78	\$56.45
VSP Vision		Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
Employee Only		\$10.46	\$125.52	n/a	\$10.46	\$5.98
Employee + Spouse		\$20.94	\$251.28	n/a	\$20.94	\$11.97
Employee + Child(ren)		\$22.40	\$268.80	n/a	\$22.40	\$12.80
Employee + Family		\$35.82	\$429.84	n/a	\$35.82	\$20.47
ID Shield/Legal Shield		Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
ID Shield - Individual		\$8.95	\$107.40	n/a	\$8.95	\$5.11
ID Shield - Family		\$18.95	\$227.40	n/a	\$18.95	\$10.83
Legal Shield (includes Family)		\$18.95	\$227.40	n/a	\$18.95	\$10.83
Bundle - Sgl Cov		\$27.90	\$334.80	n/a	\$27.90	\$15.94
Bundle - Family LegalShield + IDShield		\$33.90	\$406.80	n/a	\$33.90	\$19.37
UNUM Short Term Disability, Voluntary Life, and Colonial Life elections	Rates may be based on employee age as of July 1st or salary or specific election. See plan summaries for more information					
United Pet Care		Total MONTHLY Premium	Total ANNUAL Premiums (for Plan Year*)	Employer Contribution for Plan Year	Monthly Rate for Employees	Biweekly for 21 deduction periods
1 pet		\$17.50	\$210.00	\$0.00	\$17.50	\$10.00
2 pets		\$34.00	\$408.00	\$0.00	\$34.00	\$19.43
3 pets		\$50.50	\$606.00	\$0.00	\$50.50	\$28.86
4 pets		\$67.00	\$804.00	\$0.00	\$67.00	\$38.29