

2018-2019 Rates

AETNA

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<i>Deductible In Network - Individual \$2,750.00/ Family \$5,500</i>				
<i>Deductible Out of Network - Individual \$5,500/Family \$11,000</i>				
Plan Rate:	\$367.00	\$1,035.00	\$701.00	\$1,374.00
District Contribution:	\$275.00	\$275.00	\$275.00	\$275.00
Employee Cost:	\$92.00	\$760.00	\$426.00	\$1,099.00

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<i>Deductible In Network- Individual \$1,000/ Family \$3,000</i>				
<i>Deductible Out of Network - Individual \$2,000/Family \$6,000</i>				
Plan Rate:	\$782.00	\$1,855.00	\$1,163.00	\$2,194.00
District Contribution:	\$275.00	\$275.00	\$275.00	\$275.00
Employee Cost:	\$507.00	\$1,580.00	\$888.00	\$1,919.00

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<i>Deductible In Network - Individual \$1,200/ Family \$3,600</i>				
<i>Deductible Out of Network - N/A This plan does not cover out of network services, except for emergencies</i>				
Plan Rate:	\$540.00	\$1,327.00	\$876.00	\$1,668.00
District Contribution:	\$275.00	\$275.00	\$275.00	\$275.00
Employee Cost:	\$265.00	\$1,052.00	\$601.00	\$1,393.00

FIRST CARE

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
<i>Deductible - Individual \$750/ Family \$2250</i>				
FirstCare (HMO)				
Plan Rate:	\$534.04	\$1,348.92	\$849.76	\$1,385.36
District Contribution:	\$275.00	\$275.00	\$275.00	\$275.00
Employee Cost:	\$259.04	\$1,073.92	\$574.76	\$1,110.36