



# EAGLE PASS INDEPENDENT SCHOOL DISTRICT

## Benefits & Risk Management Department Group & Pension Administrators

### HEALTH INSURANCE RATES FORM FOR EMPLOYEES

Effective September 1, 2021

#### PLATINUM OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$996.06	\$854.00	\$142.06	\$71.03
EMPLOYEE/SPOUSE	\$1,609.50	\$854.00	\$755.50	\$377.75
EMPLOYEE/CHILDREN	\$1,281.18	\$854.00	\$427.18	\$213.59
EMPLOYEE/FAMILY	\$1,793.30	\$854.00	\$939.30	\$469.65
EMPLOYEE/FAMILY BOTH EMPLOYED	\$2,232.96	\$1,708.00	\$524.96	\$262.48

#### HIGH OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$924.82	\$854.00	\$70.82	\$35.41
EMPLOYEE/SPOUSE	\$1,198.86	\$854.00	\$344.86	\$172.43
EMPLOYEE/CHILDREN	\$1,067.46	\$854.00	\$213.46	\$106.73
EMPLOYEE/FAMILY	\$1,455.26	\$854.00	\$601.26	\$300.63
EMPLOYEE/FAMILY BOTH EMPLOYED	\$1,894.92	\$1,708.00	\$186.92	\$93.46

#### LOW OPTION

POLICY	MONTHLY PREMIUM	EMPLOYER'S CONTRIBUTION	EMPLOYEE'S COST PER MONTH	EMPLOYEE'S COST PER PAY PERIOD
EMPLOYEE ONLY	\$854.00	\$854.00	\$0.00	\$0.00
EMPLOYEE/SPOUSE	\$1,097.42	\$854.00	\$243.42	\$121.71
EMPLOYEE/CHILDREN	\$966.20	\$854.00	\$112.20	\$56.10
EMPLOYEE/FAMILY	\$1,362.28	\$854.00	\$508.28	\$254.14
EMPLOYEE/FAMILY BOTH EMPLOYED	\$1,801.94	\$1,708.00	\$93.94	\$46.97

This Health Insurance Rates Form is for your information and in **NO WAY** constitutes a change made to your health insurance plan. If you wish to make changes to your health insurance coverage- adding/dropping dependents, changing options, etc- you must enroll online via [www.mybenefitshub.com/eaglepassisd](http://www.mybenefitshub.com/eaglepassisd) or complete a GPA Health Insurance Change Form at the Benefits Dept during the months of May through August. **NO CHANGES WILL BE ACCEPTED AFTER AUGUST 31, 2021.**

