

**INSURANCE RENEWAL  
1/1/2018**

Medica Plan ID #	Description	1/1/2017	1/1/2017
		Single	Family
<b>Traditional Deductible 80/20 Plans</b>			
81766	Medica \$2,000 Choice Passport 80/20 Plan	\$ 630.85	\$ 1,682.40
81767 Elect Network/ 81768 Essential Network	Medica \$2,000 Elect/Essential Network Plan 80/20 Plan	\$ 587.01	\$ 1,564.95
<b>Health Care Savings Eligible Plans</b>			
81769	\$3,500 Deduct Choice Passport HCS Plan	\$ 559.77	\$ 1,491.98
81772 Elect Network/81773 Essential Network	\$3,500 Deduct Elect/Essential Plan	\$ 520.90	\$ 1,387.87
81774	\$5,000 Deduct Choice Passport HCS Plan	\$ 505.04	\$ 1,345.37
81770 Elect Network/81771 Essential Network	\$5,000 Deduct Elect/Essential Plan Network	\$ 470.00	\$ 1,251.50

Blue Cross Blue Shield Traditional Deductible 80/20 Plans	Description	1/1/2018	
		Single	Family
1156	BCBS \$2,000 Aware 80/20 Plan	\$ 686.99	\$ 1,840.34
1159	BCBS \$2,000 Access 80/20 Plan	\$ 631.72	\$ 1,692.27
1162	BCBS \$2,000 High Value 80/20 Plan	\$ 620.86	\$ 1,663.18
<b>Health Care Savings Eligible Plans</b>			
1157	\$3,500 Deduct Aware Plan	\$ 602.11	\$ 1,612.95
1160	\$3,500 Access Plan	\$ 554.73	\$ 1,486.03
1163	\$3,500 High Value Plan	\$ 544.86	\$ 1,459.58
1158	\$5,000 Deduct Aware Plan	\$ 529.06	\$ 1,417.28
1161	\$5,000 Access Plan	\$ 487.61	\$ 1,306.22
1164	\$5,000 High Value Plan	\$ 478.72	\$ 1,282.42

Health Insurance Benefit amount

Full Time Teachers / 12 month Full Time Employees

\$565.00 single  
\$970.00 family

\*\*Support Staff Refer to Letter of Assignment for Benefit per

**Delta Dental**

	2017	2018
Employee	\$40.50	\$43.72
Employee + one qualified dependent or spouse	\$76.60	\$82.68
Family	\$112.60	\$121.52

Dental Insurance Benefit amount

Full Time Teachers / 12 month Full Time Employees

\$23.00

\*\*Support Staff Refer to Letter of Assignment for Benefit per