

**PARKWAY
HEALTH INSURANCE RATES
PER CHECK COSTS
FULL-TIME EMPLOYEES**

JANUARY 1, 2021 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	345.11	345.11
EMP/SPOUSE	128.15	479.92	608.07
EMP/SPOUSE/1CHILD	186.88	550.03	736.91
EMP/SPOUSE/2+ CHILDREN	261.63	614.73	876.37
EMP/1 CHILD	64.07	409.82	473.90
EMP/2+ CHILDREN	128.15	479.92	608.07

JANUARY 1, 2021 UHC PREMIUM PLAN (OPTION 2)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	48.07	345.11	393.18
EMP/SPOUSE	251.03	479.92	730.95
EMP/SPOUSE/1CHILD	363.19	550.03	913.22
EMP/SPOUSE/2+ CHILDREN	459.33	614.73	1,074.07
EMP/1 CHILD	165.57	409.82	575.40
EMP/2+ CHILDREN	261.71	479.92	741.64

JANUARY 1, 2021 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	345.11	345.11
EMP/SPOUSE	65.00	479.92	544.92
EMP/SPOUSE/1CHILD	125.00	550.03	675.03
EMP/SPOUSE/2+ CHILDREN	185.00	614.73	799.73
EMP/1 CHILD	35.00	409.82	444.82
EMP/2+ CHILDREN	75.00	479.92	554.92

***** For the high deductible plan, the District will be contributing \$520.00 on the first payroll in January and then \$40 per payroll per employee into the Employees Health Savings Account thereafter. For a total of \$1,440 Employees starting after the new year will have a pro-rated contribution.

JANUARY 1, 2021 PARKWAY DENTAL DELTA DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	24.91	24.91
EMP/SPOUSE	8.99	34.70	43.69
EMP/SPOUSE/1+ CHILD	22.89	49.90	72.79
EMP/1+ CHILD	13.90	40.08	53.98

JANUARY 1, 2021 ASSURANT DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	7.28	7.28
EMP/1 DEPENDENT	2.16	9.57	11.73
EMP/2+ DEPENDENT	5.21	12.75	17.96

Assurant only available to employees enrolled with provider on 9/1/16.

JANUARY 1, 2021 VISION RATES			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	2.60	2.60
EMP/1 DEPENDENT	1.03	3.64	4.67
EMP/2+ DEPENDENT	2.00	4.60	6.60

Withholdings are only made on the first and second check of each month.