

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

JANUARY 1, 2021 UHC BASE PLAN (OPTION 1)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	697.20	697.20
EMP/SPOUSE/1CHILD	0.00	0.00	1,091.06	1,091.06
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,231.18	1,231.18

JANUARY 1, 2021 UHC PREMIUM PLAN (OPTION 2)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	793.34	793.34
EMP/SPOUSE/1CHILD	0.00	0.00	918.77	918.77
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,080.28	1,080.28

JANUARY 1, 2021 UHC HIGH DEDUCTIBLE (HSA)				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	697.20	697.20
EMP/SPOUSE/1CHILD	0.00	0.00	1,029.18	1,029.18
EMP/SPOUSE/2+ CHILDREN	0.00	0.00	1,154.54	1,154.54

******* 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 \$2880. Employees starting after the new year will have a pro-rated contribution.**

JANUARY 1, 2021 PARKWAY DENTAL DELTA DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/SPOUSE	0.00	0.00	176.16	176.16
EMP/SPOUSE/1+ CHILD	0.00	0.00	293.16	293.16

JANUARY 1, 2021 ASSURANT DENTAL				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	46.90	46.90
EMP/2+ DEPENDENT	0.00	0.00	71.82	71.82

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

JANUARY 1, 2021 VISION RATES				
	Employee 1 Cost	Employee 2 Cost	Parkway Cost	Total Cost
EMP/1 DEPENDENT	0.00	0.00	18.68	18.68
EMP/2+ DEPENDENT	0.00	0.00	26.40	26.40

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

These rates are only for employees married to another full time Parkway employee under the same plan