***Insurance Options & Monthly Premiums (plan year 7/1/20-6/30/21)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan Description** | **Single** | **Employee/Spouse** | **Employee/Child** | **Family** |
| **Wellmark BCBS of IA Alliance Select $1,000** | ***$920*** | ***$1,853*** | ***$1,715*** | ***$2,762*** |
| *employee cost/month* | *$323* | *$1,256* | *$1,118* | *$2,165* |
| **Wellmark BCBS of IA Alliance Select $2,000** | ***$846*** | ***$1,702*** | ***$1,575*** | ***$2,535*** |
| *employee cost/month* | *$249* | *$1,105* | *$978* | *$1,938* |
| **Wellmark BCBS of IA Alliance Select $5,000** | ***$692*** | ***$1,387*** | ***$1,284*** | ***$2,063*** |
| *employee cost/month* | *$95* | *$790* | *$687* | *$1,466* |
| **Delta Dental** | $29.59 | n/a | n/a | $90.15 |
| **Lincoln Financial Group** **Long Term Disability** **(60% of monthly or up to $5,000/mo)** | Incremental based on age | n/a | n/a | n/a |
| **Lincoln Financial Group****(per $1,000)** | Incremental based on age | Incremental based on age | n/a | n/a |
| **Lincoln Financial Dependent Life ($10,000 dependents 6 mos-19 years/$250 dependents 14 days-6 months/$0 dependents birth-14 days)** | n/a | n/a | $2.00 | n/a |
| **Avesis Vision** [**www.avesis.com**](http://www.avesis.com)**800-828-9341** | $8.50 | $16.06 | $17.50 | $23.98 |

***Insurance Benefit = $7,164/annual or $566/month applied toward any deductible offering for CLASSIFIED personnel only that choose the district’s health plan.***