***Insurance Options & Monthly Premiums (plan year 7/1/21-6/30/22)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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* | *$0* | *$933* | *$795* | *$1,842* |
| **Wellmark BCBS of IA Alliance Select $2,000** | ***$846*** | ***$1,702*** | ***$1,575*** | ***$2,535*** |
| *employee cost/month* | *($74)* | *$782* | *$655* | *$1,615* |
| **Wellmark BCBS of IA Alliance Select $5,000** | ***$692*** | ***$1,387*** | ***$1,284*** | ***$2,063*** |
| *employee cost/month* | *($228)* | *$467* | *$364* | *$1,143* |
| **Delta Dental** | $30.70 | n/a | n/a | $93.52 |
| **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** | $9.02 | $17.04 | $18.57 | $25.44 |

***Insurance Benefit (district’s payment towards insurance for CERTIFIED personnel only and only those certified personnel that choose the district’s health plan) = $11,040/annual or $920/month. Any unused amount may be applied toward other district offered insurance plans, but may not be taken as cash.***