

**CONVAL SCHOOL DISTRICT
2017-18 HEALTH INSURANCE PLANS/RATES**

TEACHER/SSP/12-MONTH STAFF, AND PARAS OPTING 21 PAYS					10-MONTH STAFF, AND PARAS OPTING 16 PAYS
PLAN	2017-18	DISTRICT PAYS PER MONTH	EMPLOYEE PAYS PER MONTH	BI-WEEKLY DEDUCTION (21 PAYS)	DEDUCTION (16 PAYS)
ABSOS20/40IKDED\$10/20/45					
1 Person	\$ 666.98	\$ 586.94	\$ 80.04	\$ 45.74	\$ 60.03
2 Person	\$ 1,333.96	\$ 1,173.88	\$ 160.08	\$ 91.47	\$ 120.06
Family	\$ 1,800.84	\$ 1,584.75	\$ 216.09	\$ 123.49	\$ 162.08
AB15IPDED\$10/20/45					
1 Person	\$ 813.20	\$ 586.94	\$ 226.26	\$ 129.29	\$ 169.70
2 Person	\$ 1,626.41	\$ 1,173.88	\$ 452.53	\$ 258.59	\$ 339.40
Family	\$ 2,195.65	\$ 1,584.75	\$ 610.90	\$ 349.09	\$ 458.18
BCBS 3 Tier POS\$10/20/45					
1 Person	\$ 940.35	\$ 586.94	\$ 353.41	\$ 201.95	\$ 265.06
2 Person	\$ 1,880.70	\$ 1,173.88	\$ 706.82	\$ 403.90	\$ 530.12
Family	\$ 2,538.95	\$ 1,584.75	\$ 954.20	\$ 545.26	\$ 715.65
Delta Dental					
1 Person	\$ 44.15	\$ 44.15	\$ 0.00	\$ 0.00	\$ 0.00
2 Person	\$ 85.33	\$ 44.15	\$ 41.18	\$ 23.53	\$ 30.89
Family	\$ 153.00	\$ 44.15	\$ 108.85	\$ 62.20	\$ 81.64