

**NUSD #1 HEALTH INSURANCE RATES
SCHOOL YEAR 2018-2019**

Classic Gold		FY 18-19				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	NUSD Cost Per Paycheck =
Employee	\$ 410.00	\$ 39.50	\$ 449.50	\$ 5,394.00	\$ -	\$ 269.70
Spouse	\$ 382.00	\$ 40.60	\$ 422.60	\$ 5,071.20	\$ 253.56	Benefit Amt. \$5394.00 / Yr
Children	\$ 265.00	\$ 45.20	\$ 310.20	\$ 3,722.40	\$ 186.12	
Family	\$ 399.00	\$ 70.00	\$ 469.00	\$ 5,628.00	\$ 281.40	

Co-Pay Gold		FY 18-19				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	NUSD Cost Per Paycheck =
Employee	\$ 450.00	\$ 39.50	\$ 489.50	\$ 5,874.00	\$ 24.00	\$ 269.70
Spouse	\$ 420.00	\$ 40.60	\$ 460.60	\$ 5,527.20	\$ 298.56	Benefit Amt. \$5394.00 / Yr
Children	\$ 291.00	\$ 45.20	\$ 336.20	\$ 4,034.40	\$ 223.92	
Family	\$ 438.00	\$ 70.00	\$ 508.00	\$ 6,096.00	\$ 327.00	

HDHP \$1300 (w/ District Funded \$900.00 HSA)		FY 18-19				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	NUSD Cost Per Paycheck =
Employee	\$ 327.30	\$ 39.50	\$ 366.80	\$ 4,401.60	\$ -	\$ 269.70
Spouse	\$ 302.00	\$ 40.60	\$ 342.60	\$ 4,111.20	\$ 205.56	Benefit Amt. \$5394.00 / Yr
Children	\$ 209.00	\$ 45.20	\$ 254.20	\$ 3,050.40	\$ 152.52	
Family	\$ 315.00	\$ 70.00	\$ 385.00	\$ 4,620.00	\$ 231.00	

DISTRICT PAID LIFE INSURANCE:

\$10,000 Life Insurance		FY 18-19			
Coverage Type	Cost Per \$1000	Monthly Cost =		Annual Cost =	NUSD Cost Per Paycheck =
Employee Life	\$ 0.130	\$ 1.44		\$ 17.28	\$ 0.864

**Total Benefit Amt.: \$ 5,411.28
(Health & Life)**

OPTIONAL BENEFIT:

Vision - AVESIS		FY 17-18			
Coverage Type	Monthly Cost =			Annual Cost =	Employee Cost Per Paycheck =
Employee	\$ 6.67			\$ 80.04	\$ 4.00
Family	\$ 15.35			\$ 184.20	\$ 9.21