

**NUSD #1 HEALTH INSURANCE RATES  
SCHOOL YEAR 2017-2018**

<b>Classic Gold</b>		<b>FY 17-18</b>				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	<b>NUSD Cost Per Paycheck =</b>
Employee	375.00	37.60	412.60	4,951.20	0.00	247.56
Spouse	349.00	38.70	387.70	4,652.40	232.62	
Children	242.00	43.00	285.00	3,420.00	171.00	
Family	365.00	66.70	431.70	5,180.40	259.02	

<b>Co-Pay Gold</b>		<b>FY 17-18</b>				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	<b>NUSD Cost Per Paycheck =</b>
Employee	412.00	37.60	449.60	5,395.20	22.20	247.56
Spouse	384.00	38.70	422.70	5,072.40	275.82	
Children	266.00	43.00	309.00	3,708.00	207.60	
Family	401.00	66.70	467.70	5,612.40	302.82	

<b>HDHP \$1300 w/ \$900/ Year HAS</b>		<b>FY 17-18</b>				
Coverage Type	Medical Monthly Cost =	Dental Cost =	Total Monthly =	Annual Cost =	Employee Cost Per Paycheck =	<b>NUSD Cost Per Paycheck =</b>
Employee	300.00	37.60	337.60	4,051.20	0.00	247.56
Spouse	276.00	38.70	314.70	3,776.40	188.82	
Children	191.00	43.00	234.00	2,808.00	140.40	
Family	288.00	66.70	354.70	4,256.40	212.82	

**OPTIONAL BENEFIT:**

<b>Vision - AVESIS</b>		<b>FY 17-18</b>			
Coverage Type	Monthly Cost =			Annual Cost =	Employee Cost Per Paycheck =
Employee	6.00			72.00	3.60
Spouse	7.00			156.00	7.80
Children	8.00			168.00	8.40
Family	12.00			216.00	10.80

**DISTRICT PAID LIFE INSURANCE:**

<b>\$10,000 Life Insurance</b>		<b>FY 17-18</b>			
Coverage Type	Cost Per \$1000			Annual Cost =	<b>NUSD Cost Per Paycheck =</b>
Employee Life	0.129			72.00	3.60