

Twin Falls School District #411 Insurance Rates - September 1, 2023

Insurance Start date October 1, 2023 (deducted w/Sept payroll)

PacificSource Navigator H.S.A. 3000 -- 100%							
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Health Savings Acct Deposit		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time
Employee Only	\$797.90	\$568.27	\$797.90	\$0.00	\$75.00	\$229.63	\$0.00
Employee & One Child	\$1,254.02	\$705.59	\$1,033.66	\$0.00	\$75.00	\$548.43	\$220.36
Employee & 2+ Children	\$1,445.76	\$763.31	\$1,091.38	\$0.00	\$75.00	\$682.45	\$354.38
Employee & Spouse	\$1,781.83	\$864.48	\$1,192.55	\$0.00	\$75.00	\$917.35	\$589.28
Employee & Family	\$2,069.92	\$951.21	\$1,279.28	\$0.00	\$75.00	\$1,118.71	\$790.64

Pacific Source Navigator 2000					
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time
Employee Only	\$839.97	\$511.90	\$839.97	\$328.07	\$0.00
Employee & One Child	\$1,314.23	\$615.70	\$943.77	\$698.53	\$370.46
Employee & 2+ Children	\$1,513.95	\$659.40	\$987.47	\$854.55	\$526.48
Employee & Spouse	\$1,863.37	\$735.88	\$1,063.95	\$1,127.49	\$799.42
Employee & Family	\$2,162.92	\$801.44	\$1,129.51	\$1,361.48	\$1,033.41

Delta Dental					
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time
Employee Only	\$39.93	\$19.97	\$39.93	\$19.96	\$0.00
Employee & One Child	\$80.17	\$19.97	\$39.93	\$60.20	\$40.24
Employee & 2+ Children	\$80.17	\$19.97	\$39.93	\$60.20	\$40.24
Employee & Spouse	\$77.23	\$19.97	\$39.93	\$57.26	\$37.30
Employee & Family	\$121.12	\$19.97	\$39.93	\$101.15	\$81.19

Blue Cross/Willamette Dental (Blue Dental Connect)					
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time
Employee Only	\$47.17	\$19.97	\$39.93	\$27.20	\$7.24
Employee & One Child	\$84.41	\$19.97	\$39.93	\$64.44	\$44.48
Employee & 2+ Children	\$156.87	\$19.97	\$39.93	\$136.90	\$116.94
Employee & Spouse	\$84.41	\$19.97	\$39.93	\$64.44	\$44.48
Employee & Family	\$156.87	\$19.97	\$39.93	\$136.90	\$116.94

****NOTE: IF SIGNING UP FOR WILLAMETTE DENTAL, YOU CAN ONLY SEE THE WILLAMETTE DENTIST/PROVIDER. NO OTHER DENTIST IS ACCEPTED. THANK YOU.**

LifeMap - Vision Insurance					
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time
Employee Only	\$6.63	\$3.32	\$6.63	\$3.31	\$0.00
Employee & One Child	\$14.19	\$3.32	\$6.63	\$10.87	\$7.56
Employee & 2+ Children	\$14.19	\$3.32	\$6.63	\$10.87	\$7.56
Employee & Spouse	\$13.25	\$3.32	\$6.63	\$9.93	\$6.62
Employee & Family	\$22.66	\$3.32	\$6.63	\$19.34	\$16.03

LifeMap - Life Insurance					
	Total Monthly Premium Cost	Benefit Amount Paid by TFSD #411		Employee Cost	
		Part-Time	Full-Time	Part-Time	Full-Time
\$20,000.00, Employee Life AD&D	\$3.42	\$1.71	\$3.42	\$1.71	\$0.00
Dependent Life - Spouse \$5000	\$1.41	\$0.00	\$0.00	\$1.41	\$1.41
Dependent Life - Children \$2000					
\$70,000.00 Administrator Life AD&D	\$10.22	\$1.71	\$3.42	\$8.51	\$6.80

Additional Voluntary Life available at 5x Annual Earnings; \$400,000.00 Maximum