

POCATELLO / CHUBBUCK SCHOOL DISTRICT NO. 25

**INSURANCE / BENEFIT RATE INFORMATION
2018-2019**

MEDICAL INSURANCE RATES PER MONTH

Coverage	Amount	Paid By District	Paid By Employee
Employee - Full-Time	\$707.02	\$707.02	\$0.00
Employee - Part-Time	\$707.02	\$353.51	\$353.51
Employee and Spouse	\$1,456.64	\$707.02	\$749.62
Employee Spouse/Children - Family Coverage	\$1,732.54	\$707.02	\$1,025.52
Employee and Child/Children	\$1,154.76	\$707.02	\$447.74

DENTAL INSURANCE RATES PER MONTH

Coverage	Amount	Paid By District	Paid By Employee
Employee - Full-Time	\$32.74	\$32.74	\$0.00
Employee - Part-Time	\$32.74	\$16.37	\$16.37
Employee and Spouse	\$87.26	\$32.74	\$54.52
Employee Spouse/Children - Family Coverage	\$139.68	\$32.74	\$106.94
Employee and Child/Children	\$84.96	\$32.74	\$52.22

VISION INSURANCE RATES PER MONTH

Coverage	Amount	Paid By District	Paid By Employee
Employee - Full-Time	\$5.82	\$5.82	\$0.00
Employee - Part-Time	\$5.82	\$2.91	\$2.91
Employee and Spouse	\$13.92	\$5.82	\$8.10
Employee Spouse/Children - Family Coverage	\$20.48	\$5.82	\$14.66
Employee and Child/Children	\$12.36	\$5.82	\$6.54

LIFE INSURANCE RATES PER MONTH

Coverage	Amount	Paid By District	Paid By Employee
Employee - Full-Time	\$8.68	\$8.68	\$0.00
Employee - Part-Time	\$8.68	\$4.34	\$4.34
Dependent	\$2.42	\$0.00	\$2.42