

Cost for coverage



SISD INSURANCE RATE COMPARISON FOR 2016-17 AND 2017-18

2016-2017		New Rates for 2017-18						
Level of Coverage	Amount deducted per check	Monthly Premium	ProposedS ISD Contb.	State Contb.	Total Contribution	Monthly amt. paid by employee	Amount deducted per check	
PPO ActiveCare 1-HD		PPO ActiveCare 1-HD						
Emp Only	\$0.00	\$351.00	è \$275.00	\$75.00	\$350.00	\$1.00	\$0.50	
Emp and Spouse	\$282.00	\$991.00	è \$275.00	\$75.00	\$350.00	\$641.00	\$320.50	
Emp and Child(ren)	\$132.50	\$671.00	è \$275.00	\$75.00	\$350.00	\$321.00	\$160.50	
Emp and Family	\$440.50	\$1,316.00	è \$275.00	\$75.00	\$350.00	\$966.00	\$483.00	
PPO- ActiveCare Select (NEW)		PPO- ActiveCare Select (NEW)						
Emp Only	\$67.00	\$514.00	è \$275.00	\$75.00	\$350.00	\$164.00	\$82.00	
Emp and Spouse	\$398.50	\$1,264.00	è \$275.00	\$75.00	\$350.00	\$914.00	\$457.00	
Emp and Child(ren)	\$214.50	\$834.00	è \$275.00	\$75.00	\$350.00	\$484.00	\$242.00	
Emp and Family	\$505.50	\$1,589.00	è \$275.00	\$75.00	\$350.00	\$1,239.00	\$619.50	
PPO ActiveCare 2		PPO ActiveCare 2						
Emp Only	\$147.50	\$714.00	è \$275.00	\$75.00	\$350.00	\$364.00	\$182.00	
Emp and Spouse	\$601.00	\$1,694.00	è \$275.00	\$75.00	\$350.00	\$1,344.00	\$672.00	
Emp and Child(ren)	\$346.00	\$1,062.00	è \$275.00	\$75.00	\$350.00	\$712.00	\$356.00	
Emp and Family	\$623.50	\$2,004.00	è \$275.00	\$75.00	\$350.00	\$1,654.00	\$827.00	
HMO Rates - Scott & White		HMO Rates - Scott & White						
Emp Only	\$90.08	\$561.04	è \$275.00	\$75.00	\$350.00	\$211.04	\$105.52	
Emp and Spouse	\$421.41	\$1,263.08	è \$275.00	\$75.00	\$350.00	\$913.08	\$456.54	
Emp and Child(ren)	\$244.58	\$888.42	è \$275.00	\$75.00	\$350.00	\$538.42	\$269.21	
Emp and Family	\$486.49	\$1,400.98	è \$275.00	\$75.00	\$350.00	\$1,050.98	\$525.49	