

Newport School District
2018-19 Insurance Premiums

Benefit Allocation \$ **843.97** *Allocation is pro-rated by hours worked per day.

Aetna - PPO Network

	Plan 2	Plan 3	Easy A	Easy B	Plan 5	HDHP	Basic
Employee	\$ 972.38	\$ 890.22	\$ 670.86	\$ 699.59	\$ 1,135.56	\$ 511.69	\$ 554.72
Emp + Spouse	\$ 1,788.84	\$ 1,638.86	\$ 1,227.30	\$ 1,283.60	\$ 2,192.79	\$ 941.98	\$ 1,025.07
Employee + Child	\$ 1,306.87	\$ 1,196.20	\$ 898.74	\$ 937.34	\$ 1,550.34	\$ 684.81	\$ 742.09
Family	\$ 2,143.57	\$ 1,961.59	\$ 1,467.10	\$ 1,533.80	\$ 2,634.62	\$ 1,119.63	\$ 1,218.45

Aetna - High Performance Network

	Plan 2	Plan 3	Easy A	Easy B	Plan 5	HDHP	Basic
Employee	\$ 933.82	\$ 854.95	\$ 644.37	\$ 671.94	\$ 1,090.47	\$ 491.56	\$ 532.87
Emp + Spouse	\$ 1,717.63	\$ 1,573.64	\$ 1,178.55	\$ 1,232.60	\$ 2,105.42	\$ 904.64	\$ 984.40
Employee + Child	\$ 1,254.93	\$ 1,148.69	\$ 863.13	\$ 900.18	\$ 1,488.66	\$ 657.76	\$ 712.75
Family	\$ 2,058.17	\$ 1,883.46	\$ 1,408.75	\$ 1,472.78	\$ 2,529.58	\$ 1,075.18	\$ 1,170.05

United Health Care - PPO Network

	Plan 2	Plan 3	Easy A	Easy B	Plan 5	HDHP	Basic
Employee	\$ 1,014.95	\$ 925.56	\$ 680.35	\$ 712.39	\$ 1,178.58	\$ 528.54	\$ 575.01
Emp + Spouse	\$ 1,867.46	\$ 1,704.20	\$ 1,244.75	\$ 1,307.23	\$ 2,276.17	\$ 973.23	\$ 1,062.82
Employee + Child	\$ 1,364.20	\$ 1,243.80	\$ 911.49	\$ 954.55	\$ 1,609.19	\$ 707.46	\$ 769.34
Family	\$ 2,237.85	\$ 2,039.87	\$ 1,487.99	\$ 1,562.06	\$ 2,734.86	\$ 1,156.82	\$ 1,263.38

United Health Care - High Performance Network

	Plan 2	Plan 3	Easy A	Easy B	Plan 5	HDHP	Basic
Employee	\$ 909.72	\$ 835.82	\$ 610.24	\$ 638.85	\$ 1,056.80	\$ 477.35	\$ 518.25
Emp + Spouse	\$ 1,673.10	\$ 1,538.27	\$ 1,115.75	\$ 1,171.55	\$ 2,040.16	\$ 878.26	\$ 957.20
Employee + Child	\$ 1,222.46	\$ 1,122.93	\$ 817.26	\$ 855.71	\$ 1,442.60	\$ 638.65	\$ 693.12
Family	\$ 2,004.77	\$ 1,841.10	\$ 1,333.60	\$ 1,399.76	\$ 2,451.12	\$ 1,043.79	\$ 1,137.68

Delta Dental

Certified Family	\$ 99.79
Classified Family	\$ 113.30

Willamette Dental

Certified Family	\$ 82.95
Classified Family	\$ 86.80

Vision Source Provider (VSP)

Family Coverage	\$ 20.59
-----------------	----------

Kaiser Medical

Employee	\$ 761.35
Emp + Spouse	\$ 1,477.02
Employee + Child	\$ 1,065.89
Family	\$ 1,781.57

Health Care Authority \$ 71.08 *Cost is pro-rated based upon FTE

Example to figure out out of pocket cost *(based upon an 8 hour per day employee)*

Benefit Allocation	\$ 843.97	
Less		
Health Care Authority	\$ 71.08	
Medical	\$ 972.38	Aetna Plan 2 used in example
Dental	\$ 99.79	Delta Dental
Vision	\$ 20.59	
Total Medical Costs	\$ 1,163.84	

Out of Pocket Cost \$ **319.87** Your monthly cost