

**Glendale Elementary School District No. 40
2022 - 2023 Medical, Dental & Vision Premiums**

- Payroll deductions start 8/30/2022 and continue through 6/06/2023 for a total of 20 deductions.
- There are no deductions for insurance premiums taken out of the 1/17/2023 paycheck.
- * Payroll deduction amounts will differ for employees whose hire date is after July 1, 2022.

UNITED HEALTHCARE MEDICAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
TRADITIONAL MEDICAL PLAN					
Employee Only	\$614.17	\$554.17	\$60.00	\$720.00	\$36.00
Employee & Spouse	\$1,295.35	\$912.50	\$382.85	\$4,594.20	\$229.71
Employee & Child(ren)	\$1,200.55	\$912.50	\$288.05	\$3,456.60	\$172.83
Employee & Family	\$1,627.17	\$912.50	\$714.67	\$8,576.04	\$428.81
HIGH DEDUCTIBLE HEALTH PLAN with a HEALTH SAVINGS ACCOUNT (HDHP) (HSA)					
Employee Only	\$554.17	\$554.17	FREE	FREE	FREE
Employee & Spouse	\$1,107.64	\$912.50	\$195.14	\$2,341.80	\$117.09
Employee & Child(ren)	\$1,029.90	\$912.50	\$117.40	\$1,408.80	\$70.44
Employee & Family	\$1,379.73	\$912.50	\$467.23	\$5,606.76	\$280.34
High Deductible Health Plan participants can earn up to \$1,500 for their Health Savings Account (HSA)					
Employer Initial Deposit \$550 - Pro-rated **			Employer Wellness Exam Deposit \$950		
Coverage effective:	07/01 - 09/01	\$550.00	<ul style="list-style-type: none"> • Exam must be received between 01/01/2022 - 12/31/2022 • Availability of funds can take up to 10 days following date of deposit • Deposit schedule: 10/27/2022, 1/29/2023, 3/26/2023 • On the date of the deposit employees must be actively at work and currently enrolled in the District's HDHP Medical Plan 		
**	10/01 - 12/01	\$450.00			
**	01/01 - 03/01	\$350.00			
**	04/01 - 06/01	\$250.00			
UNITED HEALTHCARE VISION PLAN					
Employee Only	\$5.80	\$5.80	FREE	FREE	FREE
Employee & Spouse	\$10.36	\$5.80	\$4.56	\$54.72	\$2.74
Employee & Child(ren)	\$10.85	\$5.80	\$5.05	\$60.60	\$3.03
Employee & Family	\$13.61	\$5.80	\$7.81	\$93.72	\$4.69
DENTAL INSURANCE	Monthly Premium	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Payroll Deduction Amount *
DELTA DENTAL LEVEL I PLAN					
Employee Only	\$26.11	\$26.11	FREE	FREE	FREE
Employee & Spouse	\$52.22	\$27.92	\$24.30	\$291.60	\$14.59
Employee & Child(ren)	\$54.83	\$27.92	\$26.91	\$322.92	\$16.15
Employee & Family	\$78.32	\$27.92	\$50.40	\$604.80	\$30.25
DELTA DENTAL LEVEL III PLAN					
Employee Only	\$45.01	\$27.92	\$17.09	\$205.08	\$10.26
Employee & Spouse	\$90.03	\$27.92	\$62.11	\$745.32	\$37.27
Employee & Child(ren)	\$94.53	\$27.92	\$66.61	\$799.32	\$39.97
Employee & Family	\$135.04	\$27.92	\$107.12	\$1,285.44	\$64.28
CIGNA DENTAL DHMO PLAN					
Employee Only	\$9.95	\$9.95	FREE	FREE	FREE
Employee & Spouse	\$19.68	\$19.68	FREE	FREE	FREE
Employee & Child(ren)	\$22.06	\$22.06	FREE	FREE	FREE
Employee & Family	\$24.21	\$24.21	FREE	FREE	FREE