

RIVER VALLEY LOCAL SCHOOLS

HSA Insurance Premiums - Full Time Employees

HSA Health Insurance Premiums: 7-1-2018 to 6-30-2019

	Monthly Premium	Board Share	Full-Time Employee Share Per Month
			Per Pay
Employee	\$825.18	\$685.16	\$140.02
			\$70.01
Employee + Children	\$1,201.70	\$997.77	\$203.93
			\$101.97
Employee + Spouse	\$1,201.70	\$997.77	\$203.93
			\$101.97
Family	\$2,024.80	\$1,681.20	\$343.60
			\$171.80

Delta Dental Plan: (Preferred Plan) 1-1-2017 TO 12-31-2018

	Monthly Premium	Board Share	Full-Time Employee Share Per Month
			Per Pay
Single	\$28.81	\$6.00	\$22.81
			\$11.40
Family	\$86.32	\$43.16	\$43.16

Vision Service Plan: 1-1-2017 TO 12-31-2018

	Monthly Premium	Board Share	Full-Time Employee Share Per Month
			Per Pay
Single	\$8.57	\$1.50	\$7.07
			\$3.53
Family	\$19.40	\$3.00	\$16.40
			\$8.20