

RIVER VALLEY LOCAL SCHOOLS

Insurance Premiums - Full Time Employees

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

	Monthly Premium	Board Share	Full-Time Employee Share Per Month Per Pay
Employee	\$977.22	\$815.68	\$161.54 \$80.77
Employee + Children	\$1,423.08	\$1,187.83	\$235.25 \$117.62
Employee + Spouse	\$1,423.08	\$1,187.83	\$235.25 \$117.62
Family	\$2,397.87	\$2,001.46	\$396.42 \$198.21

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 \$21.58

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