

**VERMILION PARISH SCHOOL BOARD
GROUP HEALTH INSURANCE PROGRAM
PREMIUMS BY THE MONTH
January 1, 2018**

Standard Plan

Categories	Employee	Board	Total
Employee Only	\$270.00	\$406.00	\$676.00
Employee + Spouse	\$566.00	\$849.00	\$1,415.00
Employee + Spouse (if Spouse has Employer coverage available)	\$666.00	\$849.00	\$1,515.00
Employee + Child(ren)	\$499.00	\$749.00	\$1,248.00
Family	\$781.00	\$1,172.00	\$1,953.00
Family (if Spouse has Employer coverage available)	\$881.00	\$1,172.00	\$2,053.00
2 Married VPSB Employees	\$466.00	\$949.00	\$1,415.00
2 Married VPSB Employees Family	\$681.00	\$1,272.00	\$1,953.00

HSA Plan

Categories	Employee	Board	Total
Employee Only	\$100.00	\$535.00	\$635.00
Employee + Spouse	\$481.00	\$849.00	\$1,330.00
Employee + Spouse (if Spouse has Employer coverage available)	\$581.00	\$849.00	\$1,430.00
Employee + Child(ren)	\$424.00	\$749.00	\$1,173.00
Family	\$664.00	\$1,172.00	\$1,836.00
Family (if Spouse has Employer coverage available)	\$764.00	\$1,172.00	\$1,936.00
2 Married VPSB Employees	\$200.00	\$1,070.00	\$1,270.00
2 Married VPSB Employees Family	\$564.00	\$1,272.00	\$1,836.00

Buy-up Plan

Categories	Employee	Board	Total
Employee Only	344.00	406.00	750.00
Employee + Spouse	722.00	849.00	1,571.00
Employee + Spouse(if SP has EE coverage)	822.00	849.00	1,671.00
Employee + Child(ren)	636.00	749.00	1,385.00
Family	996.00	1,172.00	2,168.00
Family (if SP has EE coverage)	1,096.00	1,172.00	2,268.00
2 Married VPSB Employees	622.00	949.00	1,571.00
2 Married VPSB Employees Family	896.00	1,272.00	2,168.00

