

**INSURANCE PREMIUMS**  
**BENEFIT PLAN YEAR 07/01/2022 – 06/30/2023**  
**(premium amounts per payroll)**



**MEDICAL PLANS**

**MONTHLY PAYROLL**

<b>CDHP</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$ 65.00	-\$50.00	-\$15.00	\$ 0.00
Employee + Spouse	\$415.00	-\$50.00	-\$15.00	\$350.00
Employee + Children	\$340.00	-\$50.00	-\$15.00	\$275.00
Employee + Family	\$590.00	-\$50.00	-\$15.00	\$525.00

<b>PPO</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$150.00	-\$50.00	-\$15.00	\$ 85.00
Employee + Spouse	\$520.00	-\$50.00	-\$15.00	\$455.00
Employee + Children	\$435.00	-\$50.00	-\$15.00	\$370.00
Employee + Family	\$705.00	-\$50.00	-\$15.00	\$640.00

**BI-WEEKLY PAYROLL**

<b>CDHP</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$32.50	-\$25.00	-\$7.50	\$0.00
Employee + Spouse	\$207.50	-\$25.00	-\$7.50	\$175.00
Employee + Children	\$170.00	-\$25.00	-\$7.50	\$137.50
Employee + Family	\$295.00	-\$25.00	-\$7.50	\$262.50

<b>PPO</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$75.00	-\$25.00	-\$7.50	\$42.50
Employee + Spouse	\$260.00	-\$25.00	-\$7.50	\$227.50
Employee + Children	\$217.50	-\$25.00	-\$7.50	\$185.00
Employee + Family	\$352.50	-\$25.00	-\$7.50	\$320.00

**9 MONTH PAYROLL**

<b>CDHP</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$39.00	-\$30.00	-\$9.00	\$0.00
Employee + Spouse	\$249.00	-\$30.00	-\$9.00	\$210.00
Employee + Children	\$204.00	-\$30.00	-\$9.00	\$165.00
Employee + Family	\$354.00	-\$30.00	-\$9.00	\$315.00

<b>PPO</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	\$90.00	-\$30.00	-\$9.00	\$51.00
Employee + Spouse	\$312.00	-\$30.00	-\$9.00	\$273.00
Employee + Children	\$261.00	-\$30.00	-\$9.00	\$222.00
Employee + Family	\$423.00	-\$30.00	-\$9.00	\$384.00

Amarillo ISD contributes \$536.85 per month towards "Employee Only" medical coverage.

## **10 MONTH PAYROLL**

<b>CDHP</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	<b>\$78.00</b>	-\$60.00	-\$18.00	<b>\$0.00</b>
Employee + Spouse	<b>\$498.00</b>	-\$60.00	-\$18.00	<b>\$420.00</b>
Employee + Children	<b>\$408.00</b>	-\$60.00	-\$18.00	<b>\$330.00</b>
Employee + Family	<b>\$708.00</b>	-\$60.00	-\$18.00	<b>\$630.00</b>

<b>PPO</b>	<b>PREMIUM</b>	<b>Non-Tobacco User Incentive Credit</b>	<b>Biometric Screening Participant Incentive Credit</b>	<b>Premium After Credits</b>
Employee Only	<b>\$180.00</b>	-\$60.00	-\$18.00	<b>\$102.00</b>
Employee + Spouse	<b>\$624.00</b>	-\$60.00	-\$18.00	<b>\$546.00</b>
Employee + Children	<b>\$522.00</b>	-\$60.00	-\$18.00	<b>\$444.00</b>
Employee + Family	<b>\$846.00</b>	-\$60.00	-\$18.00	<b>\$768.00</b>

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## **Hospital Indemnity Plan**

<b>BENEFITS OPT-OUT</b>	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>9-Month</b>
Employee Only	\$ 0.00	\$ 0.00	\$ 0.00

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## **DELTA DENTAL (New 7/1/2020)**

	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>9-Month</b>
Employee Only	\$ 26.00	\$ 13.00	\$ 15.60
Employee + Spouse	\$ 52.00	\$ 26.00	\$ 31.12
Employee + Children	\$ 60.00	\$ 30.00	\$ 36.00
Employee + Family	\$ 80.00	\$ 40.00	\$ 48.00

## **AI SD DENTAL REIMBURSEMENT (This plan is closed to new enrollment.)**

	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>9-Month</b>
Employee Only	\$ 20.00	\$ 10.00	\$ 12.00
Employee + Dependent	\$ 40.00	\$ 20.00	\$ 24.00
Employee + 2 or More Dependents	\$ 62.00	\$ 31.00	\$ 37.20

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## **VSP VISION PLAN**

<b><u>Option I</u></b>	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>9-Month</b>
Employee Only	\$ 10.42	\$ 5.21	\$ 6.25
Employee + Spouse	\$ 20.87	\$ 10.44	\$ 12.52
Employee + Children	\$ 22.32	\$ 11.16	\$ 13.39
Employee + Family	\$ 35.70	\$ 17.85	\$ 21.42

<b><u>Option II</u></b>	<b>Monthly</b>	<b>Bi-Weekly</b>	<b>9-Month</b>
Employee Only	\$ 14.29	\$ 7.15	\$ 8.57
Employee + Spouse	\$ 28.61	\$ 14.31	\$ 17.17
Employee + Children	\$ 30.62	\$ 15.31	\$ 18.37
Employee + Family	\$ 48.92	\$ 24.46	\$ 29.35