

**CONVAL SCHOOL DISTRICT  
2020-21 HEALTH INSURANCE PLANS/RATES**

<b>TEACHER/SSP/12-MONTH STAFF, AND PARAS OPTING 21 PAYS</b>					<b>10-MONTH STAFF AND PARAS OPTING 16 PAYS</b>
<b>PLAN</b>	<i>2020-21</i>	<b>DISTRICT PAYS PER MONTH</b>	<b>EMPLOYEE PAYS PER MONTH</b>	<b>Bi-Weekly Deduction (21 Pays)</b>	<b>DEDUCTION (16 PAYS)</b>
<b>ABSOS20/40IKDED\$10/20/45</b>					
1 Person	\$ 711.50	\$ 597.66	\$ 113.84	\$ 65.05	\$ 85.38
2 Person	\$ 1,423.00	\$ 1,195.32	\$ 227.68	\$ 130.10	\$ 170.76
Family	\$ 1,921.05	\$ 1,613.68	\$ 307.37	\$ 175.64	\$ 230.53
<b>AB15IPDED\$10/20/45</b>					
1 Person	\$ 867.48	\$ 597.66	\$ 269.82	\$ 154.18	\$ 202.37
2 Person	\$ 1,734.95	\$ 1,195.32	\$ 539.63	\$ 308.36	\$ 404.72
Family	\$ 2,342.19	\$ 1,613.68	\$ 728.51	\$ 416.29	\$ 546.38
<b>BCBS 3 Tier POS\$10/20/45</b>					
1 Person	\$ 1,003.12	\$ 597.66	\$ 405.46	\$ 231.69	\$ 304.10
2 Person	\$ 2,006.24	\$ 1,195.32	\$ 810.92	\$ 463.38	\$ 608.19
Family	\$ 2,708.42	\$ 1,613.68	\$ 1,094.74	\$ 625.57	\$ 821.06
<b>Delta Dental</b>					
1 Person	\$ 48.01	\$ 48.01	\$ 0.00	\$ 0.00	\$ 0.00
2 Person	\$ 92.79	\$ 48.01	\$ 44.78	\$ 25.59	\$ 33.59
Family	\$ 166.29	\$ 48.01	\$ 118.28	\$ 67.59	\$ 88.71