

**CONVAL SCHOOL DISTRICT  
2018-19 HEALTH INSURANCE PLANS/RATES**

<b>TEACHER/SSP/12-MONTH STAFF, AND PARAS OPTING 21 PAYS</b>					<b>STAFF, AND PARAS OPTING</b>
<b>PLAN</b>	<b>2018-19</b>	<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	\$ 700.32	\$ 616.28	\$ 84.04	\$ 48.02	\$ 63.03
2 Person	\$ 1,400.65	\$ 1,232.57	\$ 168.08	\$ 96.05	\$ 126.06
Family	\$ 1,890.88	\$ 1,663.97	\$ 226.91	\$ 129.66	\$ 170.18
<b>AB15IPDED\$10/20/45</b>					
1 Person	\$ 853.86	\$ 616.28	\$ 237.58	\$ 135.76	\$ 178.19
2 Person	\$ 1,707.72	\$ 1,232.57	\$ 475.15	\$ 271.51	\$ 356.36
Family	\$ 2,305.42	\$ 1,663.97	\$ 641.45	\$ 366.54	\$ 481.09
<b>BCBS 3 Tier POS\$10/20/45</b>					
1 Person	\$ 987.36	\$ 616.28	\$ 371.08	\$ 212.05	\$ 278.31
2 Person	\$ 1,974.73	\$ 1,232.57	\$ 742.16	\$ 424.09	\$ 556.62
Family	\$ 2,665.88	\$ 1,663.97	\$ 1,001.91	\$ 575.52	\$ 751.43
<b>Delta Dental</b>					
1 Person	\$ 45.17	\$ 45.17	\$ 0.00	\$ 0.00	\$ -
2 Person	\$ 87.29	\$ 45.17	\$ 42.12	\$ 24.07	\$ 31.59
Family	\$ 156.52	\$ 45.17	\$ 111.35	\$ 63.63	\$ 83.51