

**MUHS Insurance Deductions  
2020-2021**

MEIDCAL - KAIROS - BLUE CROSS/BLUE SHIELD							
	Coverage	Monthly Premium	Monthly Combined Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost
<b>Core</b>	Employee Only	627.00	627.00	596.00	(18.60)	(31.00)	(372.00)
	Add Spouse	565.00	1,192.00	596.00	(357.60)	(596.00)	(7,152.00)
	Add Child(ren)	439.00	1,066.00	596.00	(282.00)	(470.00)	(5,640.00)
	Add Family	916.00	1,543.00	596.00	(568.20)	(947.00)	(11,364.00)
<b>Co-Pay</b>	Employee Only	596.00	596.00	596.00	0.00	0.00	0.00
	Add Spouse	537.00	1,133.00	596.00	(322.20)	(537.00)	(6,444.00)
	Add Child(ren)	417.00	1,013.00	596.00	(250.20)	(417.00)	(5,004.00)
	Add Family	871.00	1,467.00	596.00	(522.60)	(871.00)	(10,452.00)
<b>HDHP \$1,500</b>	Employee Only	476.00	476.00	596.00	72.00	120.00	1,440.00
	Add Spouse	427.00	903.00	596.00	(184.20)	(307.00)	(3,684.00)
	Add Child(ren)	333.00	809.00	596.00	(127.80)	(213.00)	(2,556.00)
	Add Family	694.00	1,170.00	596.00	(344.40)	(574.00)	(6,888.00)
<b>HDHP \$2,500</b>	Employee Only	441.00	441.00	596.00	93.00	155.00	1,860.00
	Add Spouse	396.00	837.00	596.00	(144.60)	(241.00)	(2,892.00)
	Add Child(ren)	308.00	749.00	596.00	(91.80)	(153.00)	(1,836.00)
	Add Family	644.00	1,085.00	596.00	(293.40)	(489.00)	(5,868.00)
<b>HDHP \$5,000</b>	Employee Only	345.00	345.00	596.00	150.60	251.00	3,012.00
	Add Spouse	311.00	656.00	596.00	(36.00)	(60.00)	(720.00)
	Add Child(ren)	241.00	586.00	596.00	6.00	10.00	120.00
	Add Family	504.00	849.00	596.00	(151.80)	(253.00)	(3,036.00)

H.S.A.

H.S.A.

H.S.A.

H.S.A.

DENTAL AND VISION							
	Coverage	Monthly Premium	Monthly Combined Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost
<b>Dental</b>	Employee Only	31.50	31.50	31.50	0.00	0.00	0.00
	Add Spouse	36.20	67.70	31.50	(21.72)	(36.20)	(434.40)
	Add Child(ren)	50.74	82.24	31.50	(30.44)	(50.74)	(608.88)
	Add Family	104.02	135.52	31.50	(62.41)	(104.02)	(1,248.24)
<b>Basic Vision</b>	Employee Only	6.08	6.08	0.00	(3.65)	(6.08)	(72.96)
	Add Spouse	3.64	9.72	0.00	(5.83)	(9.72)	(116.64)
	Add Child(ren)	3.85	9.93	0.00	(5.96)	(9.93)	(119.16)
	Add Family	9.92	16.00	0.00	(9.60)	(16.00)	(192.00)
<b>Vision with Progressive Lens</b>	Employee Only	7.61	7.61	0.00	(4.57)	(7.61)	(91.32)
	Add Spouse	4.56	12.17	0.00	(7.30)	(12.17)	(146.04)
	Add Child(ren)	4.81	12.42	0.00	(7.45)	(12.42)	(149.04)
	Add Family	12.42	20.03	0.00	(12.02)	(20.03)	(240.36)

\*\*Deductions will be taken out from Pay Peirod 4 (Pay Date 9/4/20) through Pay Period 23 (Pay Date 5/28/21)