

## 2020-21 INSURANCE PREMIUMS

For Full Time Employees who **HAVE** completed the Wellness Incentive for this year

updated 8/31/2020

	<u>Select Health</u>  Value	<u>Select Health</u>  High Deductible (SelectMed Plus HealthSave)	HSA (Health Savings Account) Annual District Contribution	<u>University Of Utah</u>  Healthy Preferred EPO	<u>University Of Utah</u>  High Deductible (Healthy Premier)
<b>Single</b>	134.95	98.01	743.00	134.95	98.01
<b>Couple</b>	318.91	235.42	931.00	318.91	235.42
<b>Family</b>	483.39	356.86	1,100.00	483.39	356.86

## 2020-21 INSURANCE PREMIUMS

For Full Time Employees who **HAVE NOT** completed the Wellness Incentive for this year

	<u>Select Health</u>  Value	<u>Select Health</u>  High Deductible (SelectMed Plus HealthSave)	HSA (Health Savings Account) Annual District Contribution	<u>University Of Utah</u>  Healthy Preferred EPO	<u>University Of Utah</u>  High Deductible (Healthy Premier)
<b>Single</b>	151.61	114.67	743.00	151.61	114.67
<b>Couple</b>	335.58	252.08	931.00	335.58	252.08
<b>Family</b>	500.05	373.53	1,100.00	500.05	373.53

Dental Select  
*PLATINUM*  
Benefits are based on our Plan year

Dental Select  
*GOLD*  
Benefits are based on the Calendar year

	Dental Select  Gold	Dental Select Platinum (EPO) Low Option 3	Dental Select Platinum (PPO) High Option 2
<b>Single</b>	21.00	25.00	34.00
<b>Couple</b>	42.00	54.00	64.00
<b>Family</b>	65.00	78.00	119.00

Opticare Vision		Eyemed Network (Dental Select)	
70B	120B	Insight	
		13	14
2.71	4.11	3.71	6.48
5.31	8.06	7.16	12.55
7.99	12.12	9.44	16.46