

USD 263
 Blue Cross Blue Shield
 Health and Dental Insurance Premiums
 2019-2020 School Year

	Employee Only	Employee/ Children	Employee/ Spouse	Employee/ Family
Option A - \$1,500	\$451.14	\$913.09	\$968.76	\$1,430.70
Option B - \$2,500	\$427.73	\$865.63	\$918.42	\$1,356.33
Option C - \$3,500	\$410.17	\$830.06	\$880.68	\$1,300.57
Option D - \$5,000 (HDHP)	\$402.37	\$814.26	\$863.90	\$1,275.79
Dental	\$31.99	\$62.34	\$68.78	\$98.33

The above rates are before the \$327.00 monthly employer contribution paid on health insurance premiums.