

USD 263  
 Blue Cross Blue Shield  
 Health and Dental Insurance Premiums  
 2018-2019 School Year

	<b>Employee Only</b>	<b>Employee/ Children</b>	<b>Employee/ Spouse</b>	<b>Employee/ Family</b>
Option A - \$1,500	\$469.18	\$969.97	\$1,007.53	\$1,508.33
Option B - \$2,500	\$443.27	\$916.34	\$951.83	\$1,424.90
Option C - \$3,500	\$423.93	\$876.31	\$910.25	\$1,362.64
Option D - \$5,000 (HDHP)	\$435.49	\$900.25	\$935.11	\$1,399.87
Dental	\$33.19	\$64.68	\$71.36	\$102.00

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