

**INSURANCE RATES FOR 2019-2020
SCHOOL DISTRICT OF ABBOTSFORD**

HEALTH INSURANCE WITHOUT RX DEDUCTIBLE

HEALTH INSURANCE	SINGLE COVERAGE		FAMILY COVERAGE	
	3,000 Deductible Plan	4,000 Deductible Plan	6,000 Deductible Plan	8,000 Deductible Plan
Monthly Rates	\$ 810.34	\$ 768.56	\$ 1,846.28	\$ 1,751.09
Annual Cost	\$ 9,724.08	\$ 9,222.72	\$ 22,155.36	\$ 21,013.08
District Contributions *	\$ 8,470.32	\$ 8,470.32	\$ 17,059.44	\$ 17,059.44
Your annual Cost	\$ 1,253.76	\$ 752.40	\$ 5,095.92	\$ 3,953.64
Payroll Deductions-19 Checks	\$ 65.99	\$ 39.60	\$ 268.21	\$ 208.09
Payroll Deductions-24 Checks	\$ 52.24	\$ 31.35	\$ 212.33	\$ 164.74

HEALTH INSURANCE WITH RX DEDUCTIBLE

HEALTH INSURANCE	SINGLE COVERAGE		FAMILY COVERAGE	
	3,000 Deductible Plan	4,000 Deductible Plan	6,000 Deductible Plan	8,000 Deductible Plan
Monthly Rates	\$ 775.85	\$ 728.73	\$ 1,767.70	\$ 1,660.34
Annual Cost	\$ 9,310.20	\$ 8,744.76	\$ 21,212.40	\$ 19,924.08
District Contributions *	\$ 8,470.32	\$ 8,470.32	\$ 17,059.44	\$ 17,059.44
Your annual Cost	\$ 839.88	\$ 274.44	\$ 4,152.96	\$ 2,864.64
Payroll Deductions-19 Checks	\$ 44.20	\$ 14.44	\$ 218.58	\$ 150.77
Payroll Deductions-24 Checks	\$ 35.00	\$ 11.44	\$ 173.04	\$ 119.36

* District Contributions are determined by the board, any changes are reflected with the 09/15 payroll annually.