

2023/2024 Insurance Rate Information
Full-Time Board-Approved Kirkwood Staff / Exempt Hotel Staff

Plan	Coverage	Annual		Monthly			Per Pay Period (twice monthly)
		Total Annual Premium	Total Annual Premium Paid by Kirkwood (equal to HMO Essential single coverage)	Total Monthly Premium	Total Monthly Premium Paid by Kirkwood (equal to HMO Essential single coverage)	Total Monthly Cost to Employee	Total/Pay Period Cost to Employee - the amount <u>deducted</u> from pay twice monthly
HMO Essential	Employee Only	6,108.00	6,108.00	509.00	509.00	-	-
HMO Essential	Employee+Spouse	12,468.00	6,108.00	1,039.00	509.00	(530.00)	(265.00)
HMO Essential	Employee+Children	11,604.00	6,108.00	967.00	509.00	(458.00)	(229.00)
HMO Essential	Family	18,696.00	6,108.00	1,558.00	509.00	(1,049.00)	(524.50)
PPO Choice	Employee Only	7,488.00	6,108.00	624.00	509.00	(115.00)	(57.50)
PPO Choice	Employee+Spouse	15,324.00	6,108.00	1,277.00	509.00	(768.00)	(384.00)
PPO Choice	Employee+Children	14,232.00	6,108.00	1,186.00	509.00	(677.00)	(338.50)
PPO Choice	Family	22,932.00	6,108.00	1,911.00	509.00	(1,402.00)	(701.00)
PPO Premier	Employee Only	8,244.00	6,108.00	687.00	509.00	(178.00)	(89.00)
PPO Premier	Employee+Spouse	16,824.00	6,108.00	1,402.00	509.00	(893.00)	(446.50)
PPO Premier	Employee+Children	15,624.00	6,108.00	1,302.00	509.00	(793.00)	(396.50)
PPO Premier	Family	25,188.00	6,108.00	2,099.00	509.00	(1,590.00)	(795.00)
Delta Dental	Employee Only	552.00	552.00	46.00	46.00	-	-
Delta Dental	Employee+1	1,044.00	552.00	87.00	46.00	(41.00)	(20.50)
Delta Dental	Family	1,440.00	552.00	120.00	46.00	(74.00)	(37.00)
VSP	Employee Only	120.00	120.00	10.00	10.00	-	-
VSP	Family	276.00	120.00	23.00	10.00	(13.00)	(6.50)

Premiums are deducted twice per month beginning with the first pay period in June. **In months with 3 pay periods, deduction is taken from the first two checks of the month.**

Updated: 4/18/2023