

**Full-Time Non-Board Approved/Hotel Hourly Staff**

Plan	Coverage	Total Annual	Total Annual	Total Monthly	Total Monthly	Total Monthly	Total/Pay Period
		Premium	Premium Paid by Kirkwood	Premium	Premium Paid by Kirkwood	Cost to Employee	Deduction (twice monthly) Cost to Employee
HMO Essential	Single	6,108.00	5,497.20	509.00	458.10	50.90	25.45
HMO Essential	Employee+Spouse	12,468.00	5,497.20	1,039.00	458.10	580.90	290.45
HMO Essential	Employee+Children	11,604.00	5,497.20	967.00	458.10	508.90	254.45
HMO Essential	Family	18,696.00	5,497.20	1,558.00	458.10	1,099.90	549.95
PPO Choice	Single	7,488.00	5,497.20	624.00	458.10	165.90	82.95
PPO Choice	Employee+Spouse	15,324.00	5,497.20	1,277.00	458.10	818.90	409.45
PPO Choice	Employee+Children	14,232.00	5,497.20	1,186.00	458.10	727.90	363.95
PPO Choice	Family	22,932.00	5,497.20	1,911.00	458.10	1,452.90	726.45
PPO Premier	Single	8,244.00	5,497.20	687.00	458.10	228.90	114.45
PPO Premier	Employee+Spouse	16,824.00	5,497.20	1,402.00	458.10	943.90	471.95
PPO Premier	Employee+Children	15,624.00	5,497.20	1,302.00	458.10	843.90	421.95
PPO Premier	Family	25,188.00	5,497.20	2,099.00	458.10	1,640.90	820.45
Delta Dental	Single	552.00	414.00	46.00	34.50	11.50	5.75
Delta Dental	Employee+1	1,044.00	414.00	87.00	34.50	52.50	26.25
Delta Dental	Family	1,440.00	414.00	120.00	34.50	85.50	42.75
VSP	Single	120.00	90.00	10.00	7.50	2.50	1.25
VSP	Family	276.00	90.00	23.00	7.50	15.50	7.75

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. Employees can opt out of insurance entirely or select any of the options available (medical only, dental only, vision only, dental and vision, etc.)

Updated: 4/18/2023