

FY19 HEALTH INSURANCE RATES

Full time Employee Insurance Rates				
Health				
	Individual		Family	
MIIA - NE HMO Blue	\$ 196.08	\$	517.66	
MIIA - NE Blue Choice (grandfathered)	\$ 262.63	\$	693.16	
Dental				
	Individual		Family	
Dental Blue Freedom - w/o Ortho	\$ 17.46	\$	43.42	
Dental Blue Freedom - w/Ortho	\$ 23.76	\$	62.48	
Vision				
	Employee	Emp & Spouse	Emp & Dep	Emp & Family
DavisVision	\$ 3.19	\$	5.73	\$ 6.05 \$ 9.55

Tutor/Aide/Café Employee Insurance Rates				
Health				
	Individual		Family	
MIIA - NE HMO Blue	\$ 261.46	\$	690.22	
MIIA - NE Blue Choice	\$ 350.17	\$	924.21	
Dental				
	Individual		Family	
Dental Blue Freedom - w/o Ortho	\$ 23.27	\$	57.89	
Dental Blue Freedom - w/Ortho	\$ 31.67	\$	83.31	
Vision				
	Employee	Emp & Spouse	Emp & Dep	Emp & Family
DavisVision	\$ 4.25	\$	7.64	\$ 8.06 \$ 12.73

Full time Employee Insurance Rates (hired prior to 1990 grandfathered from HOHC)				
Health				
	Individual		Family	
MIIA - NE HMO Blue	\$ 83.33	\$	375.30	
Dental				
	Individual		Family	
Dental Blue Freedom - w/o Ortho	\$ 17.46	\$	43.42	
Dental Blue Freedom - w/Ortho	\$ 23.76	\$	62.48	
Vision				
	Employee	Emp & Spouse	Emp & Dep	Emp & Family
DavisVision	\$ 3.19	\$	5.73	\$ 6.05 \$ 9.55

***PLEASE NOTE THESE RATES ARE PER PAYROLL**