

# 2018

FLOUR BLUFF ISD - AETNA INSURANCE				
Plan Name		Total Monthly Rate	District Contribution	Monthly Employee Premium
			\$ 380.95	
Savings Choice 3000 Narrow Plan	Employee Only	\$463.37	\$ 380.95	\$ 82.42
narrow network	Employee & Spouse	\$926.74	\$ 380.95	\$ 545.79
	Employee & Children	\$810.89	\$ 380.95	\$ 429.94
	Family	\$1,274.30	\$ 380.95	\$ 893.35
Choice POS II 3000 Low Plan	Employee Only	\$556.04	\$ 380.95	\$ 175.09
broad network	Employee & Spouse	\$1,112.09	\$ 380.95	\$ 731.14
	Employee & Children	\$973.07	\$ 380.95	\$ 592.12
	Family	\$1,529.16	\$ 380.95	\$ 1,148.21
Choice POS II 1500 High Plan	Employee Only	\$634.80	\$ 380.95	\$ 253.85
broad network	Employee & Spouse	\$1,269.55	\$ 380.95	\$ 888.60
	Employee & Children	\$1,110.88	\$ 380.95	\$ 729.93
	Family	\$1,745.66	\$ 380.95	\$ 1,364.71