2019

FLOUR BLUFF ISD - AETNA HEALTH INSURANCE

Plan Name		Total Monthly Rate	District Contribution		Monthly Employee Premium	
			\$	400.00		
Savings Choice						
3000 Narrow						
Plan	Employee Only	\$481.90	\$	400.00	\$	81.90
narrow network	Employee & Spouse	\$963.81	\$	400.00	\$	563.81
	Employee & Children	\$843.33	\$	400.00	\$	443.33
	Family	\$1,325.27	\$	400.00	\$	925.27
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Choice POS II						
3000 Low Plan	Employee Only	\$625.55	\$	400.00	\$	225.55
broad network	Employee & Spouse	\$1,251.10	\$	400.00	\$	851.10
	Employee & Children	\$1,094.70	\$	400.00	\$	694.70
	Family	\$1,720.31	\$	400.00	\$	1,320.31
Choice POS II						
	Franksis Onki	ф 7 04 7 0	φ.	400.00	•	204 70
1500 High Plan	Employee Only	\$761.76	\$	400.00	\$	361.76
broad network	Employee & Spouse	\$1,523.46	\$	400.00	\$	1,123.46
	Employee & Children	\$1,333.06	\$	400.00	\$	933.06
	Family	\$2,094.79	\$	400.00	\$	1,694.79
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High Deductible						
Health Plan-				400.00		45
4000	Employee Only	\$453.18	\$	400.00	\$	53.18
broad network	Employee & Spouse	\$906.64	\$	400.00	\$	506.64
	Employee & Children	\$793.05	\$	400.00	\$	393.05
	Family	\$1,246.27	\$	400.00	\$	846.27
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This plan is eligible for a Health Savings Account. The District will Contribute \$100 per month for each employee enrolled in the HDHP.

******We will be holding training sessions to explain this new plan******