

Out of Pocket Maximum

#### **Health Insurance (Aetna and Select Health)**

| TRADITIONAL PLANS                     | Single | Two Party     | Family        |
|---------------------------------------|--------|---------------|---------------|
| Average Monthly Costs                 | \$59   | \$196         | \$284         |
| Deductibles                           | \$2500 | \$2500/\$5000 | \$2500/\$5000 |
| Out of Pocket Maximum                 | \$3500 | \$3500/\$7000 | \$3500/\$7000 |
| HIGH DEDUCTIBLE PLANS                 | Single | Two Party     | Family        |
| Average Monthly Costs                 | \$55   | \$176         | \$255         |
| Monthly District Contributions to HSA | \$70   | \$140         | \$180         |
| Deductibles                           | \$2500 | \$5000        | \$5000        |

#### **Dental Insurance (Delta Dental)**

\$3500

\$7000

\$7000

|  | Single       | Two Party | Family |
|--|--------------|-----------|--------|
| Average Monthly Costs for Basic Dental | Covered 100% | \$2.24    | \$9.10 |

# **Optical Insurance-Hardware Only (Opticare of Utah)**

|                       | Single | Two Party | Family  |
|-----------------------|--------|-----------|---------|
| Average Monthly Costs | \$4.11 | \$7.97    | \$10.46 |

# Long-Term and Short-Term Disability (Unum)

| Long-Term Coverage  | \$10.13                 |
|---------------------|-------------------------|
| Short-Term Coverage | Varies—paid by employee |

# **Life Insurance Products (The Hartford)**

| Basic Life        | Covered 100% by the District |  |
|-------------------|------------------------------|--|
| Supplemental Life | Varies—paid by employee      |  |
| Accidental Death  | Varies—paid by employee      |  |

# **Employee Assistance Program (Intermountain LiVe Well)**

#### Flexible Spending Plan (NBS)

Insurance information is for 2021

For more detailed information, refer to the Employee Benefits Guide at www.davis.k12.ut.us/insurance