

## 2015 Monthly Insurance Rates for Part-time Teachers

### Category I. 15-19 Hours

COVERAGE	EMPLOYEE						EMPLOYER	
LEVEL	Savings	Standard	Tricare	Dental	Dental Plus	Vision	Health	Dental
<b>Subscriber Only</b>	181.98	269.96	62.50	5.86	24.58	7.00	172.30	5.86
<b>Subscriber/Spouse</b>	418.66	594.62	121.50	13.50	49.66	14.00	341.28	5.86
<b>Subscriber/Child</b>	284.92	408.30	121.50	19.58	57.26	14.98	264.44	5.86
<b>Full Family</b>	540.28	733.84	162.50	27.20	74.22	21.98	427.30	5.86

### Category II. 20-24 Hours

COVERAGE	EMPLOYEE						EMPLOYER	
LEVEL	Savings	Standard	Tricare	Dental	Dental Plus	Vision	Health	Dental
<b>Subscriber Only</b>	123.40	211.38	62.50	3.86	24.58	7.00	230.88	7.86
<b>Subscriber/Spouse</b>	302.64	478.60	121.50	11.50	49.66	14.00	457.30	7.86
<b>Subscriber/Child</b>	195.00	318.38	121.50	17.58	57.26	14.98	354.36	7.86
<b>Full Family</b>	395.00	588.56	162.50	25.20	74.22	21.98	572.58	7.86

### Category III. 25-29 Hours

COVERAGE	EMPLOYEE						EMPLOYER	
LEVEL	Savings	Standard	Tricare	Dental	Dental Plus	Vision	Health	Dental
<b>Subscriber Only</b>	68.28	156.26	62.50	2.00	24.58	7.00	286.00	9.72
<b>Subscriber/Spouse</b>	193.42	369.38	121.50	9.64	49.66	14.00	566.52	9.72
<b>Subscriber/Child</b>	110.38	233.76	121.50	15.72	57.26	14.98	438.98	9.72
<b>Full Family</b>	258.28	451.84	162.50	23.34	74.22	21.98	709.30	9.72

TOBACCO SURCHARGE	
<b>Single Coverage</b>	40.00
<b>Non-Single Coverage</b>	60.00