

**West Ada School District**  
**January 1, 2021 - December 31, 2021 Insurance Rates**

**Medical - Blue Cross of Idaho** (Based on 1.0 FTE Classification)

Tier	Monthly Rate	Employee Pays	District Pays
Employee Only	\$688.49	\$30.00	\$658.49
Employee+Spouse	\$1,374.16	\$715.67	\$658.49
Employee+Child	\$825.62	\$167.13	\$658.49
Employee+Child(ren)	\$976.46	\$317.97	\$658.49
Employee+Spouse+Child	\$1,511.29	\$852.80	\$658.49
Employee+Spouse+Children	\$1,662.13	\$1,003.64	\$658.49

**Delta Dental**

Tier	Monthly Rate	Employee Pays	District Pays
Employee Only	\$38.72	\$38.72	\$0.00
Employee+1	\$78.38	\$78.38	\$0.00
Employee+2 or more	\$133.67	\$133.67	\$0.00

**Willamette Dental**

Tier	Monthly Rate	Employee Pays	District Pays
Employee Only	\$51.40	\$51.40	\$0.00
Employee+1	\$100.25	\$100.25	\$0.00
Employee+2 or more	\$180.00	\$180.00	\$0.00

**United Heritage Vision**

Tier	Monthly Rate	Employee Pays	District Pays
Employee Only	\$6.23	\$6.23	\$0.00
Employee+Spouse	\$12.45	\$12.45	\$0.00
Employee+Child	\$13.34	\$13.34	\$0.00
Employee+Children	\$13.34	\$13.34	\$0.00
Employee+Spouse+Child	\$21.32	\$21.32	\$0.00
Employee+Spouse+Children	\$21.32	\$21.32	\$0.00

United Heritage Long Term Disability	As of 1/1/2021
29 and Under	\$0.158
30-34	\$0.202
35-39	\$0.308
40-44	\$0.422
45-49	\$0.590
50-54	\$0.845
55-59	\$1.038
60-64	\$1.074
65 and Older	\$1.162

NOTE: Employee medical, dental, and vision plan contributions are made using pre-taxed payroll dollars. Completion of a medical, dental, and/or vision enrollment form serves as your approval to begin the applicable pre-taxed payroll deductions associated with the elected benefits