

**APPROVED**  
8/24/2011

**Uintah School District  
Medical Insurance Rates  
Active Employee-PEHP  
FY 2012 - 15.5%**

Full Time Equivalency		Silver			Gold		
		Single	Couple	Family	Single	Couple	Family
40 Hours Week	Employee Premium	\$60	\$130	\$191	\$134	\$302	\$400
8 Hours Day	District Premium	\$325	\$706	\$1,039	\$325	\$706	\$1,039
1.0 FTE	Total Premium	\$385	\$836	\$1,230	\$459	\$1,008	\$1,439
35 Hours Week	Employee Premium	\$100	\$218	\$321	\$174	\$390	\$530
7 Hours Day	District Premium	\$285	\$618	\$909	\$285	\$618	\$909
.8750 FTE	Total Premium	\$385	\$836	\$1,230	\$459	\$1,008	\$1,439
30 Hours Week	Employee Premium	\$141	\$306	\$450	\$215	\$478	\$659
6 Hours Day	District Premium	\$244	\$530	\$780	\$244	\$530	\$780
.75 FTE	Total Premium	\$385	\$836	\$1,230	\$459	\$1,008	\$1,439
25 Hours Week@	Employee Premium	\$182	\$394	\$580	\$256	\$566	\$789
5 Hours Day	District Premium	\$203	\$442	\$650	\$203	\$442	\$650
.625 FTE	Total Premium	\$385	\$836	\$1,230	\$459	\$1,008	\$1,439
20 Hours Week@	Employee Premium	\$222	\$483	\$710	\$296	\$655	\$919
4 Hours Day	District Premium	\$163	\$353	\$520	\$163	\$353	\$520
.50 FTE	Total Premium	\$385	\$836	\$1,230	\$459	\$1,008	\$1,439
Full Time Equivalency		Bronze			Platinum		
		Single	Couple	Family	Single	Couple	Family
40 Hours Week	Employee Premium	\$21	\$43	\$60	\$265	\$590	\$815
8 Hours Day	District Premium	\$325	\$706	\$1,039	\$325	\$706	\$1,039
1.0 FTE	Total Premium	\$346	\$749	\$1,099	\$590	\$1,296	\$1,854
35 Hours Week	Employee Premium	\$61	\$131	\$190	\$305	\$678	\$945
7 Hours Day	District Premium	\$285	\$618	\$909	\$285	\$618	\$909
.8125 FTE	Total Premium	\$346	\$749	\$1,099	\$590	\$1,296	\$1,854
30 Hours Week	Employee Premium	\$102	\$219	\$319	\$346	\$766	\$1,074
6 Hours Day	District Premium	\$244	\$530	\$780	\$244	\$530	\$780
.75 FTE	Total Premium	\$346	\$749	\$1,099	\$590	\$1,296	\$1,854
25 Hours Week@	Employee Premium	\$143	\$307	\$449	\$387	\$854	\$1,204
5 Hours Day	District Premium	\$203	\$442	\$650	\$203	\$442	\$650
.625 FTE	Total Premium	\$346	\$749	\$1,099	\$590	\$1,296	\$1,854
20 Hours Week@	Employee Premium	\$183	\$396	\$579	\$427	\$943	\$1,334
4 Hours Day	District Premium	\$163	\$353	\$520	\$163	\$353	\$520
.50 FTE	Total Premium	\$346	\$749	\$1,099	\$590	\$1,296	\$1,854
@ - Employees on these medical insurance rate tiers must have been grandfathered by policy prior to October 15, 2005.							