



Clearview Local School District Health Insurance Rates - Effective 07-01-21

	<u>Medical</u>	<u>Vision</u>	<u>Dental</u>	<u>Total</u>
Single Full Rate	756.68	3.07	27.44	787.19
Family Full Rate	1,891.71	8.44	72.72	1,972.87

Certificated and Classified Employees

	<u>Single Rates</u>			
	<u>Medical</u>	<u>Vision</u>	<u>Dental</u>	<u>Total</u>
Employee Share - 10%	75.67	0.31	2.74	78.72
Board Share - 90%	<u>681.01</u>	<u>2.76</u>	<u>24.70</u>	<u>708.47</u>
Total Single Rate	756.68	3.07	27.44	787.19

	<u>Family Rates</u>			
	<u>Medical</u>	<u>Vision</u>	<u>Dental</u>	<u>Total</u>
Employee Share - 10%	189.17	0.84	7.27	197.29
Board Share - 90%	<u>1,702.54</u>	<u>7.60</u>	<u>65.45</u>	<u>1,775.58</u>
Total Family Rate	1,891.71	8.44	72.72	1,972.87

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