

**Meridian School District**  
**Health Insurance Rates 2005-2006**  
(monthly rates)

	Group Health Cooperative Traditional Plan	Group Health Cooperative Deductible Plan	Regence Blue Shield WEIC Modified Copay Plan	Regence Blue Shield WEIC Deductible Plan	Regence Blue Shield K-12 High Option	Regence Blue Shield K-12 FourFront
<b>Medical</b>						
Subscriber	\$386.30	\$291.55	\$527.10	\$403.93	\$451.80	\$297.59
Subscriber & Spouse	\$741.92	\$559.67	\$1,010.80	\$773.62	\$866.40	\$571.23
Subscriber & Children	\$589.46	\$444.73	\$740.91	\$566.78	\$635.07	\$457.02
Entire Family	\$944.44	\$712.40	\$1,224.61	\$936.47	\$1,049.67	\$730.66

<b>Dental</b>	Washington Dental Service	<b>Dental</b>	Willamette Dental	<b>Vision</b>	Northwest Benefit Network
Entire Family	\$111.20	Entire Family	\$63.85	Entire Family	\$17.00

<b>Long Term Disability</b>	Hartford Life Insurance Company	<b>Life Insurance</b>	Hartford Life Insurance Company
Employee	\$11.05	Employee	\$2.30

The allocation for full-time employees is \$609.70 (amount available to individuals varies depending on pooling outcome). From the above amount comes dental and vision. All groups except PSE also deduct long term disability and life. The amount remaining, depending on the pooling outcome goes toward medical premiums.

*Please Note:* For exclusions, limitations and clarifications see the individual plan booklets. This comparison is not a contract.