

Arkansas Public School Employees
 Health Insurance Plan Premium Rates
 Effective January 1, 2017 - December 31, 2017

These rates are for general information ONLY.

RATES EFFECTIVE JANUARY 1, 2017

	Base Monthly Premium	WELLNESS VISIT DISCOUNT \$75	State & Plan Contribution	District Contribution*	WITHOUT WELLNESS VISIT	WITH WELLNESS VISIT
					Total Monthly Employee Cost	Total Monthly Employee Cost
PREMIUM						
Employee Only	\$659.64	\$75.00	\$245.25	\$200.00	\$214.39	\$139.39
Employee & Spouse	\$1,441.90	\$75.00	\$379.77	\$200.00	\$862.13	\$787.13
Employee & Child(ren)	\$1,100.62	\$75.00	\$399.15	\$200.00	\$501.47	\$426.47
Employee & Family	\$1,882.88	\$75.00	\$818.51	\$200.00	\$864.37	\$789.37
CLASSIC						
Employee Only	\$351.18	\$75.00	\$74.23	\$200.00	\$76.95	\$1.95
Employee & Spouse	\$686.52	\$75.00	\$100.97	\$200.00	\$385.55	\$310.55
Employee & Child(ren)	\$540.22	\$75.00	\$150.87	\$200.00	\$189.35	\$114.35
Employee & Family	\$875.56	\$75.00	\$286.31	\$200.00	\$389.25	\$314.25
BASIC						
Employee Only	\$242.19	\$75.00	\$0.00	200.00/167.19	\$42.19	\$0.00
Employee & Spouse	\$503.71	\$75.00	\$0.00	\$200.00	\$303.71	\$228.71
Employee & Child(ren)	\$352.79	\$75.00	\$0.00	\$200.00	\$152.79	\$77.79
Employee & Family	\$506.55	\$75.00	\$0.00	\$200.00	\$306.55	\$231.55

State Contribution is funded by legislation
 Plan Contribution is funded by PSE Trust Fund as Claims Reserve Allocation