

# Weslaco Independent School District

Risk Management Department

319 West Fourth Street / P. O. Box 266

Weslaco, Texas 78596

(956) 969-6818 / Fax (956) 969-6581

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## HEALTH AND DENTAL INSURANCE 2022-2023

### Blue Cross Blue Shield

| HEALTH              | Base (70/30)       |                    |                  | High (80/20)       |                    |                  | State (90/10)      |                    |                  |
|---------------------|--------------------|--------------------|------------------|--------------------|--------------------|------------------|--------------------|--------------------|------------------|
|                     | Employee Deduction | Employer Deduction | Total on Billing | Employee Deduction | Employer Deduction | Total on Billing | Employee Deduction | Employer Deduction | Total on Billing |
| Employee Only       | \$ 28.76           | \$ 640.20          | \$ 668.96        | \$ 134.56          | \$ 640.20          | \$ 774.76        | \$ 198.96          | \$ 640.20          | \$ 839.16        |
| Employee & Child    | \$ 232.30          | \$ 640.20          | \$ 872.50        | \$ 336.96          | \$ 640.20          | \$ 977.16        | \$ 463.46          | \$ 640.20          | \$ 1,103.66      |
| Employee & Children | \$ 426.66          | \$ 640.20          | \$ 1,066.86      | \$ 636.00          | \$ 640.20          | \$ 1,276.20      | \$ 877.46          | \$ 640.20          | \$ 1,517.66      |
| Employee & Spouse   | \$ 514.00          | \$ 640.20          | \$ 1,154.20      | \$ 755.56          | \$ 640.20          | \$ 1,395.76      | \$ 1,008.56        | \$ 640.20          | \$ 1,648.76      |
| Employee & Family   | \$ 868.24          | \$ 640.20          | \$ 1,508.44      | \$ 1,116.66        | \$ 640.20          | \$ 1,756.86      | \$ 1,620.36        | \$ 640.20          | \$ 2,260.56      |

### Ameritas

| DENTAL              | Base               |                    |                  | High               |                    |                  |
|---------------------|--------------------|--------------------|------------------|--------------------|--------------------|------------------|
|                     | Employee Deduction | Employer Deduction | Total on Billing | Employee Deduction | Employer Deduction | Total on Billing |
| Employee Only       | \$ -               | \$ 10.48           | \$ 10.48         | \$ 27.36           | \$ 10.48           | \$ 37.84         |
| Employee & Children | \$ 25.76           | \$ 10.48           | \$ 36.24         | \$ 58.96           | \$ 10.48           | \$ 69.44         |
| Employee & Spouse   | \$ 25.76           | \$ 10.48           | \$ 36.24         | \$ 58.96           | \$ 10.48           | \$ 69.44         |
| Employee & Family   | \$ 39.76           | \$ 10.48           | \$ 50.24         | \$ 92.00           | \$ 10.48           | \$ 102.48        |

