

2017-2018

20 PAY PERIOD RATES

Arlington Community Schools, Bartlett City Schools, Collierville Schools, Millington Municipal Schools

MEDICAL		
HEALTHSCOPE BENEFIT	COVERAGE TIER	PER PAY PERIOD RATES (20 DEDUCTIONS)
COPAY (Transparent Pricing Plan)	EMPLOYEE	\$ 70.92
	EE + ONE	\$ 182.69
	FAMILY	\$ 254.86
HRA (Health Reimbursement Arrangement)	EMPLOYEE	\$ 72.74
	EE + ONE	\$ 187.38
	FAMILY	\$ 261.40
BASIC	EMPLOYEE	\$ 106.10
	EE + ONE	\$ 250.10
	FAMILY	\$ 348.89
EPO (Exclusive Provider Organization)	EMPLOYEE	\$ 127.77
	EE + ONE	\$ 300.62
	FAMILY	\$ 419.37
DENTAL		
DELTA DENTAL	COVERAGE TIER	PER PAY PERIOD RATES (20 DEDUCTIONS)
PLAN 1-DPPO \$2000	EMPLOYEE	\$ 22.13
	EE + ONE	\$ 46.48
	FAMILY	\$ 66.39
PLAN 2-DPPO \$1500	EMPLOYEE	\$ 15.34
	EE + ONE	\$ 32.20
	FAMILY	\$ 46.01
VISION		
DAVIS VISION	COVERAGE TIER	PER PAY PERIOD RATES (20 DEDUCTIONS)
VISION	EMPLOYEE	\$ 3.79
	EE + ONE	\$ 7.25
	FAMILY	\$ 11.77