

**INSURANCE RATES FOR 2021-2022  
SCHOOL DISTRICT OF ABBOTSFORD**

**HEALTH INSURANCE WITHOUT RX DEDUCTIBLE**

HEALTH INSURANCE	SINGLE COVERAGE		FAMILY COVERAGE	
	3,000 (1A) Deductible Plan	4,000 (3A) Deductible Plan	6,000 (1A) Deductible Plan	8,000 (3A) Deductible Plan
<b>Monthly Rates</b>	\$ 863.03	\$ 818.53	\$ 1,966.32	\$ 1,864.94
<b>Annual Cost</b>	\$ 10,356.36	\$ 9,822.36	\$ 23,595.84	\$ 22,379.28
<b>District Contributions *</b>	\$ 8,762.95	\$ 8,754.67	\$ 17,730.74	\$ 17,711.90
<b>Your annual Cost</b>	\$ 1,593.41	\$ 1,067.69	\$ 5,865.10	\$ 4,667.38

**HEALTH INSURANCE WITH RX DEDUCTIBLE**

HEALTH INSURANCE	SINGLE COVERAGE		FAMILY COVERAGE	
	3,000 (2A) Deductible Plan	4,000 (4A) Deductible Plan	6,000 (2A) Deductible Plan	8,000 (4A) Deductible Plan
<b>Monthly Rates</b>	\$ 826.30	\$ 776.12	\$ 1,882.63	\$ 1,768.30
<b>Annual Cost</b>	\$ 9,915.60	\$ 9,313.44	\$ 22,591.56	\$ 21,219.60
<b>District Contributions *</b>	\$ 8,762.95	\$ 8,754.67	\$ 17,730.74	\$ 17,711.90
<b>Your annual Cost</b>	\$ 1,152.65	\$ 558.77	\$ 4,860.82	\$ 3,507.70

\* District Contributions are determined by the board, any changes are reflected with the 07/15 payroll annually.