

**Vicksburg Community Schools  
2016-2017 Health Insurance Premiums**

**PPO Select  
\$250/\$500 Deductible  
\$5 Office Visits  
\$5/\$30 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month.	26/24 Pay Deduction
Full Family	\$1,339.00	\$1,695.63	\$356.63	\$164.60/\$178.32
2 Person	\$1,081.56	\$1,362.58	\$281.02	\$129.70/\$140.51
Self	\$481.36	\$605.58	\$124.22	\$57.33/\$62.11

**PPO Versatile  
\$250/\$500 Deductible  
10% co-insurance  
\$20 Office Visits  
\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month.	26/24 Pay Deduction
Full Family	\$1,339.00	\$1,440.87	\$101.87	\$47.02/\$50.94
2 Person	\$1,081.56	\$1,157.84	\$76.28	\$35.21/\$38.14
Self	\$481.36	\$514.61	\$33.25	\$15.35/\$16.63

**PPO HSA (health savings account)  
\$1300/\$2600 Deductible  
\$0 Office Visits  
\$10/\$40 Rx**

Classification	Employer Subsidy per Month	WMHIP Monthly Premium	Employee Cost per Month.	Employer Contribution
Full Family	\$1,339.00	\$1,337.16	\$0	\$22.08
2 Person	\$1,081.56	\$1,074.50	\$0	\$84.72
Self	\$481.36	\$477.57	\$0	\$45.48

**Cash-in-Lieu of Insurance**

Admin - \$325 per month

VEA - \$300 per month

VESPA - \$125 per month (excluding Food Service which is \$250)