Ar	nerican Internati	onal Academy				
Insurance deductions based on 24 deductions annually					Updated 10.20.22	
No premium 3rd Bi-Wkly					Rate Year	
	promised rates				10/1/22-9/30/23	
Action Benefit 50-99 plan			AIA	Employee	Employee	AIA
Insurance	Coverage	Monthly	Monthly	Monthly	Per Pay	Per Pay
Carrier	Level	Premium	Contribution	Deduction	Deduction	Contribution
BLUE CARE NETWORK	Single	\$453.93	\$317.75	\$136.18	\$68.09	\$158.88
HMO \$4000 DEDUCTIBLE	Couple	\$1,081.08	\$756.76	\$324.32	\$162.16	\$378.38
B4	Family	\$1,352.86	\$947.00	\$405.86	\$202.93	\$473.50
BLUE CARE NETWORK	Single	\$505.95	\$354.17	\$151.79	\$75.89	\$177.08
HMO \$1000 DEDUCTIBLE	Couple	\$1,207.29	\$845.10	\$362.19	\$181.09	\$422.55
AV	Family	\$1,507.86	\$1,055.50	\$452.36	\$226.18	\$527.75
BLUE CROSS/BLUE SHLD	Single	\$538.26	\$376.78	\$161.48	\$80.74	\$188.39
PPO \$1500 DEDUCTIBLE	Couple	\$1,248.82	\$874.17	\$374.65	\$187.32	\$437.09
AL	Family	\$1,604.77	\$1,123.34	\$481.43	\$240.72	\$561.67
BLUE CROSS/BLUE SHLD	Single	\$693.27	\$485.29	\$207.98	\$103.99	\$242.64
PPO \$500 DEDUCTIBLE	Couple	\$1,656.87	\$1,159.81	\$497.06	\$248.53	\$579.90
ADMIN STAFF ONLY	Family	\$2,069.84	\$1,448.89	\$620.95	\$310.48	\$724.44
BLUE CARE NETWORK	Single	\$414.78	\$290.35	\$124.43	\$62.22	\$145.17
HMO \$500 DEDUCTIBLE	Couple	\$988.45	\$691.92	\$296.54	\$148.27	\$345.96
BL5	Family	\$1,234.32	\$864.02	\$370.30	\$185.15	\$432.01
Guardian Dental Value DL	Single	\$22.85	\$22.85	\$0.00	\$0.00	\$11.43
	EE + Child	\$43.48	\$22.85	\$20.63	\$10.32	\$11.43
	EE + Spouse	\$43.48	\$22.85	\$20.63	\$10.32	\$11.43
	Family	\$81.12	\$22.85	\$58.27	\$29.14	\$11.43
Guardian Dental Optimal GL	Single	\$37.12	\$37.12	\$0.00	\$0.00	\$18.56
	EE + Child	\$70.65	\$37.12	\$33.53	\$16.77	\$18.56
	EE + Spouse	\$70.65	\$37.12	\$33.53	\$16.77	\$18.56
	Family	\$131.79	\$37.12	\$94.67	\$47.34	\$18.56
Guardian Vision gv	Single	\$13.97	\$13.97	\$0.00	\$0.00	\$6.99
EXAM \$10	Couple	\$21.19	\$13.97	\$7.22	\$3.61	\$6.99
FRAMES COVERAGE ANNUAL	Family EE	\$37.26	\$13.97	\$23.29	\$11.65	\$6.99
Guardian Life	EE		\$0.00	\$0.00	\$0.00	\$0.00
\$10,000 covered by ER Buy up available EE pay			\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00
, , , , , , , , , , , , , , , , , , , ,	Colomi Comi Mila	lic I louwly Di\A	·	φ0.00	\$0.00	φυ.υυ
Payroll Frequency: Effective Date:	Salary-Semi Mthly Hourly-BiWeekly 1st of month following 30 days employment.					
Client Contribution:	70% Health, 100% EE D/V					
Medical Allowance:	\$100 month					
ADMIN COVERED 100%:	White-Evans-Wilder-Williams-Nevins covered 100%					
TELLING GOVERNED 10070.	401(k) no match					
Blues:	Renewal 10/1/21 - Open Enrollment September 2021			2021		
		- Open Enrollment September 2022				
BCBS GROUP#	TOHOWAI 10/1/2	Open Lindii	nont ocptember			
BCN GROUP#						
GUARDIAN GROUP# 00-575960						
GOANDIAN GNOOF# 00-5/590	JU	l				