

INSURANCE RATES

10/1/2023

CERTIFIED EMPLOYEES and 24-PAY CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$199.00	\$338.42	\$540.25	\$862.42	per pay
2	\$167.00	\$283.42	\$469.25	\$768.42	per pay
3	\$95.50	\$162.92	\$314.25	\$562.42	per pay
4	\$16.00	\$26.42	\$137.25	\$329.92	per pay

20-PAY FULL TIME CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$265.33	\$451.22	\$720.33	\$1,149.89	per pay/9mths
2	\$222.67	\$377.89	\$625.67	\$1,024.56	per pay/9mths
3	\$127.33	\$217.22	\$419.00	\$749.89	per pay/9mths
4	\$21.33	\$35.22	\$183.00	\$439.89	per pay/9mths

OTHER EMPLOYEE INSURANCE BENEFITS

CERTIFIED STAFF AND 12 MONTH FULL TIME CLASSIFIED

	DENTAL	VISION	LIFE	DISABILITY	Deduct
EMPLOYEE	\$1	\$1	\$1	\$1	per yr.
EMPLOYEE + 1	\$21.28	\$12.53	N/A	N/A	per month
FAMILY	\$74.31	\$12.53	N/A	N/A	per month

FULL TIME 20 PAY CLASSIFIED STAFF

	DENTAL	VISION	LIFE	DISABILITY	Deduct
EMPLOYEE	\$1	\$1	\$1	N/A	per yr.
EMPLOYEE + 1	\$28.38	\$16.71	N/A	N/A	per mth/9 mths
FAMILY	\$99.08	\$16.71	N/A	N/A	per mth/9 mths

AIDES-LESS THAN FULL TIME

	DENTAL	VISION	LIFE	DISABILITY	Deduct
EMPLOYEE	Offered at full Prem. only upon request	\$1	\$1	N/A	per yr.
EMPLOYEE + 1		\$16.71	N/A	N/A	per mth/9 mths
FAMILY		\$16.71	N/A	N/A	per mth/9 mths