

INSURANCE RATES

9/1/2024

CERTIFIED EMPLOYEES and 24-PAY CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$213.83	\$375.75	\$593.08	\$937.75	per pay
2	\$179.83	\$316.75	\$517.58	\$837.75	per pay
3	\$103.83	\$188.75	\$352.58	\$618.25	per pay
4	\$18.83	\$43.25	\$164.08	\$370.75	per pay

20-PAY FULL TIME CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$285.11	\$501.00	\$790.78	\$1,250.33	per pay/9mths
2	\$239.78	\$422.33	\$690.11	\$1,117.00	per pay/9mths
3	\$138.44	\$251.67	\$470.11	\$824.33	per pay/9mths
4	\$25.11	\$57.67	\$218.78	\$494.33	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