

INSURANCE RATES

1/1/2025

CERTIFIED EMPLOYEES and 24-PAY CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$182.58	\$344.50	\$561.83	\$906.50	per pay
2	\$148.58	\$285.50	\$486.33	\$806.50	per pay
3	\$72.58	\$157.50	\$321.33	\$587.00	per pay
4	\$1.00	\$12.00	\$132.83	\$339.50	per pay

20-PAY FULL TIME CLASSIFIED EMPLOYEES

HEALTH INSURANCE	EMPLOYEE	W/KIDS	W/SPOUSE	W/FAMILY	Deduct
1	\$243.44	\$459.33	\$749.11	\$1,208.67	per pay/9mths
2	\$198.11	\$380.67	\$648.44	\$1,075.33	per pay/9mths
3	\$96.78	\$210.00	\$428.44	\$782.67	per pay/9mths
4	\$1.00	\$16.00	\$177.11	\$452.67	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	\$48.58	\$12.53	N/A	N/A	per month
FAMILY	\$96.66	\$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	\$55.68	\$16.71	N/A	N/A	per mth/9 mths
FAMILY	\$121.43	\$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