Employee Group Insurance Rates

Effective July 1, 2025 - June 30, 2026

ROOSEVELT ELEMENTARY SCHOOL DISTRICT

Roosevelt School District pays the total premium costs for the employee under the <u>Value Silver</u>, <u>Classic Gold Plan</u> and <u>HDHP A \$1,600 Plan</u>. Voluntary participation in the <u>Copay Gold Plan</u> (only open to employees that were enrolled in the 23/24SY) and other types of insurance coverage are deducted 9 and 10 Month Employee Deductions will be collected over 21 pay periods Starting on the 4th Pay Period of FY25/26.

12 Month Employee Deductions will be collected over 26 pay periods Starting on the 1st Pay Period of FY25/26.

Please see rates for Medical, Dental and Vision benefit plans listed below for 9, 10, & 12 Month Employees.

Medical - Meritain Health 866-300-8449	•			
חטחר A \$1,600 with Health Savings Account (H.S.A) Plan	In addition to contributing the full cost of the employee's annual rate, the district will also contribute an annual amount of \$1,902.00 to each employee's Health Savings Account. Contributions to be prorated based on date of hire.			
	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Famil
Monthly Rate	\$588.50	\$1,092.50	\$977.50	\$1,334.50
Annual Rate	\$7,062.00	\$13,110.00	\$11,730.00	\$16,014.00
Paid by RSD	\$7,062.00	\$7,062.00	\$7,062.00	\$7,062.00
HSA Contributions Paid by RSD	\$1,902.00	\$1,902.00	\$1,902.00	\$1,902.00
Paid by Employee	\$0.00	\$6,048.00	\$4,668.00	\$8,952.00
9 & 10 Month Employee Per Paycheck Rate	\$0.00	\$288.00	\$222.29	\$426.29
12 Month Employee Per Paycheck Rate	\$0.00	\$232.62	\$179.54	\$344.3°
/alue Silver Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Famil
Monthly Rate	\$653.00	\$1,213.00	\$1,086.00	\$1,482.00
Annual Rate	\$7,836.00	\$14,556.00	\$13,032.00	\$17,784.00
Paid by RSD	\$7,836.00	\$9,132.00	\$9,132.00	\$9,132.00
Paid by Employee	\$0.00	\$5,424.00	\$3,900.00	\$8,652.00
9 & 10 Month Employee Per Paycheck Rate	\$0.00	\$258.29	\$185.71	\$412.00
12 Month Employee Per Paycheck Rate	\$0.00	\$208.62	\$150.00	\$332.77
Classic Gold Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Famil
Monthly Rate	\$761.00	\$1,415.00	\$1,267.00	\$1,729.00
Annual Rate	\$9,132.00	\$16,980.00	\$15,204.00	\$20,748.00
Paid by RSD	\$9,132.00	\$9,132.00	\$9,132.00	\$9,132.00
Paid by Employee	\$0.00	\$7,848.00	\$6,072.00	\$11,616.00
9 & 10 Month Employee Per Paycheck Rate	\$0.00	\$373.71	\$289.14	\$553.14
12 Month Employee Per Paycheck Rate	\$0.00	\$301.85	\$233.54	\$446.77
Copay Gold Plan ONLY OPEN TO EMPLOYEES ENROLLED IN	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Famil
Monthly Rate	\$893.00	\$1,660.00	\$1,486.00	\$2,028.00
Annual Rate	\$10,716.00	\$19,920.00	\$17,832.00	\$24,336.00
Paid by RSD	\$9,132.00	\$9,132.00	\$9,132.00	\$9,132.00
Paid by Employee	\$1,584.00	\$10,788.00	\$8,700.00	\$15,204.00
9 & 10 Month Employee Per Paycheck Rate	\$75.43	\$513.71	\$414.29	\$724.00
12 Month Employee Per Paycheck Rate	\$60.92	\$414.92	\$334.62	\$584.77
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Dental - Cigna Dental 800-244-6224				
	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Famil
		Emp + Spouse \$20.13	Emp + Child(ren) \$22.87	•
Dental HMO Plan Monthly Rate Annual Rate	Employee		. ,	\$34.16
Dental HMO Plan Monthly Rate Annual Rate 9 & 10 Month Employee Per Paycheck Rate	Employee \$13.03	\$20.13	\$22.87	\$34.16 \$409.92
Dental HMO Plan Monthly Rate Annual Rate	Employee \$13.03 \$156.36	\$20.13 \$241.56	\$22.87 \$274.44	\$34.16 \$409.92 \$19.5 2
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45	\$20.13 \$241.56 \$11.50	\$22.87 \$274.44 \$13.07	\$34.16 \$409.92 \$19.52 \$15.77
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01	\$20.13 \$241.56 \$11.50 \$9.29	\$22.87 \$274.44 \$13.07 \$10.56	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren)	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil \$83.30 \$999.60
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil \$83.30 \$999.60
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48 \$15.17	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44 \$29.78	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24 \$35.44	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil \$83.30 \$999.60
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48 \$15.17 \$12.25	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44 \$29.78 \$24.06	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24 \$35.44 \$28.62	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil \$83.30 \$999.60 \$47.60 \$38.45
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48 \$15.17 \$12.25 Employee \$8.02	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44 \$29.78 \$24.06	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24 \$35.44 \$28.62 Emp + Child(ren) \$15.66	Emp + Family \$34.16 \$409.92 \$19.52 \$15.77 Emp + Family \$83.30 \$999.60 \$47.60 \$38.45
Dental HMO Plan Monthly Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48 \$15.17 \$12.25 Employee \$8.02 \$96.24	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44 \$29.78 \$24.06 Emp + Spouse \$16.06 \$192.72	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24 \$35.44 \$28.62 Emp + Child(ren) \$15.66 \$187.92	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Family \$83.30 \$999.60 \$47.60 \$38.45 Emp + Family \$24.49 \$293.88
Annual Rate	Employee \$13.03 \$156.36 \$7.45 \$6.01 Employee \$26.54 \$318.48 \$15.17 \$12.25 Employee \$8.02	\$20.13 \$241.56 \$11.50 \$9.29 Emp + Spouse \$52.12 \$625.44 \$29.78 \$24.06	\$22.87 \$274.44 \$13.07 \$10.56 Emp + Child(ren) \$62.02 \$744.24 \$35.44 \$28.62 Emp + Child(ren) \$15.66	\$34.16 \$409.92 \$19.52 \$15.77 Emp + Famil \$83.30 \$999.60 \$47.60 \$38.45 Emp + Famil \$24.49