



**MENTOR PUBLIC SCHOOLS  
INSURANCE RENEWAL RATES  
EFFECTIVE JANUARY 1, 2025 - DECEMBER 31, 2025  
CLASSIFIED EMPLOYEES**

		Classified Employee Contribution 30+ Hours/Week 15% of Premium Rate		*Classified Employee Contribution 25 - 29.99 Hours/Week 32.5% of Premium Rate		*Classified Employee Contribution 20 - 24.99 Contract Hours/Week 54.5% of Premium Rate	
<b>SuperMedPlus PPO Plan - MMO</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>	
	Total Premium	Employee	Board	Employee	Board	Employee	Board
Single	\$914.28	\$137.14	\$777.14	\$297.14	\$617.14	\$498.28	\$416.00
Family	\$2,386.26	\$357.94	\$2,028.32	\$775.54	\$1,610.72	\$1,300.52	\$1,085.74
<b>Medflex Plan - MMO</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>	
	Total Premium	Employee	Board	Employee	Board	Employee	Board
Single	\$690.46	\$103.58	\$586.88	\$224.40	\$466.06	\$376.30	\$314.16
Family	\$1,802.11	\$270.32	\$1,531.79	\$585.70	\$1,216.41	\$982.16	\$819.95
<b>Dental - MetLife</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>	
	Total Premium	Employee	Board	Employee	Board	Employee	Board
Single	\$35.60	\$0.00	\$35.60	\$11.58	\$24.02	\$19.40	\$16.20
Family	\$92.54	\$0.00	\$92.54	\$30.08	\$62.46	\$50.44	\$42.10
<b>Vision - Ameritas/EyeMed</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>		<b>Effective 1-1-25 - 12-31-25</b>	
	Total Premium	Employee	Board	Employee	Board	Employee	Board
Single	\$6.76	\$0.00	\$6.76	\$2.20	\$4.56	\$3.68	\$3.08
Family	\$16.96	\$0.00	\$16.96	\$5.52	\$11.44	\$9.24	\$7.72

Employee contributions will be determined based upon 2024-2025 scheduled work hours.

**\* MCE members initially employed on or after September 1, 2006 must be regularly scheduled to work at least 30 hours per week to be eligible for health care insurance.**