

2024 - 2025 Employee Benefit Contributions

Benefit Plan	Employee Monthly Premium	Employee Biweekly Premium (21 Pays)	Employee Biweekly Premium (17 Pays)
Medical/Rx Classic Gold			
Employee	\$138.00	\$78.86	\$97.41
Employee + One	\$971.00	\$554.86	\$685.41
Employee + Child(ren)	\$799.00	\$456.57	\$564.00
Family	\$1,658.00	\$947.43	\$1,170.35
Medical/Rx Value Silver			
Employee*	\$0.00	\$0.00	\$0.00
Employee + One	\$700.00	\$400.00	\$494.12
Employee + Child(ren)	\$556.00	\$317.71	\$392.47
Family	\$1,279.00	\$730.86	\$902.82
Medical/Rx HDHP A \$1,600*			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$589.50	\$336.86	\$416.12
Employee + Child(ren)	\$456.50	\$260.86	\$322.24
Family	\$1,122.50	\$641.43	\$792.35
Medical/Rx HDHP C \$4,500*			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$505.50	\$288.86	\$356.82
Employee + Child(ren)	\$381.50	\$218.00	\$269.29
Family	\$1,002.50	\$572.86	\$707.65

*Employees electing the HDHP A \$1,600 or HDHP C \$4,500 plan will be enrolled in the Health Savings Account and provided the District contribution of \$700 annually and paid \$350 on July 1st and \$350 on January 1st.

Benefit Plan	Employee Monthly Premium	Employee Biweekly Premium (21 Pays)	Employee Biweekly Premium (17 Pays)
Dental Rates			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$35.63	\$20.36	\$25.15
Employee + Child(ren)	\$39.85	\$22.77	\$28.13
Family	\$61.41	\$35.09	\$43.35
Voluntary Vision Rates			
Employee	\$0.00	\$0.00	\$0.00
Employee + One	\$3.43	\$1.96	\$2.42
Employee + Child(ren)	\$4.69	\$2.68	\$3.31
Family	\$8.16	\$4.66	\$5.76