

Employee Group Insurance Rates

Effective July 1, 2024 - June 30, 2025



Roosevelt School District pays the total premium costs for the employee under the Classic Gold Plan and HDHP A \$1,600 Plan. Voluntary participation in the Copay Gold Plan (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 FY24/25.**

12 Month Employee Deductions will be collected over 26 pay periods Starting on the 1st Pay Period of FY24/25.

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

Medical - Meritain Health 866-300-8449

HDHP 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 \$1902 to each employee's Health Savings Account on a per pay period basis. Contributions to be prorated based on date of hire.

	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
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	\$ 344.31

Classic Gold Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
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 <small>only open to employees enrolled in 23/24</small>	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
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

Dental - Cigna Dental 800-244-6224

Dental HMO Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
Monthly rate \$	12.65	\$ 19.54	\$ 22.20	\$ 33.16
Annual rate	151.80	234.48	266.40	397.92
9 & 10 Month Employee Per Paycheck Rate.....	\$ 7.23	\$ 11.17	\$ 12.69	\$ 18.95
12 Month Employee Per Paycheck Rate.....	\$ 5.84	\$ 9.02	\$ 10.25	\$ 15.30

Dental PPO Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
Monthly rate \$	25.77	\$ 50.60	\$ 60.21	\$ 80.87
Annual rate	309.24	607.20	722.52	970.44
9 & 10 Month Employee Per Paycheck Rate.....	\$ 14.73	\$ 28.91	\$ 34.41	\$ 46.21
12 Month Employee Per Paycheck Rate.....	\$ 11.89	\$ 23.35	\$ 27.79	\$ 37.32

Vision - Delta Vision 866-800-5457

DeltaVision Platinum Plan	Employee	Emp + Spouse	Emp + Child(ren)	Emp + Family
Monthly rate \$	8.02	\$ 16.06	\$ 15.66	\$ 24.49
Annual rate	96.24	192.72	187.92	293.88
9 & 10 Month Employee Per Paycheck Rate.....	\$ 4.58	\$ 9.18	\$ 8.95	\$ 13.99
12 Month Employee Per Paycheck Rate.....	\$ 3.70	\$ 7.41	\$ 7.23	\$ 11.30