

2024 Insurance Premiums

FTE CALCULATOR

ENTER FTE HERE: 100%
1.00

Note: Teachers hired BEFORE 07/01/2019: .76-1.0 FTE are classified as 100%
 Teachers hired AFTER 07/01/2019: .80-1.0 FTE are classified as 100%
 All other employees, please refer to your handbooks for FTE Calculation.

	Family Coverage				Single Coverage				
	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	
Health Insurance	Dean HMO	\$1,873.53	\$1,667.70	\$205.83	\$102.92	\$752.42	\$648.00	\$104.42	\$52.21
	Dean POS	\$2,140.08	\$1,667.70	\$472.38	\$236.19	\$859.47	\$648.00	\$211.47	\$105.74
	Dean PPO	\$2,140.08	\$1,667.70	\$472.38	\$236.19	\$859.47	\$648.00	\$211.47	\$105.74
	GHC HMO	\$1,853.00	\$1,667.70	\$185.30	\$92.65	\$720.00	\$648.00	\$72.00	\$36.00
	GHC PPO	\$2,502.00	\$1,667.70	\$834.30	\$417.15	\$972.00	\$648.00	\$324.00	\$162.00

	Family Coverage				Single Coverage				
	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	
Dental Insurance	Delta Dental PPO (Premier)	\$158.86	\$127.09	\$31.77	\$15.89	\$56.87	\$56.87	\$0.00	\$0.00
	Delta Dental EPO Exclusive (Preferred)	\$125.73	\$113.16	\$12.57	\$6.29	\$42.14	\$42.14	\$0.00	\$0.00

	Employee Monthly Premium	Employee Premium/Payroll	
Vision Insurance	Single	\$8.69	\$4.35
	Employee & Spouse	\$17.36	\$8.68
	Employee & Child(ren)	\$17.73	\$8.87
	Family	\$26.42	\$13.21

NOTE: Rates shown above are monthly premiums effective through December 31, 2024

Maximum employer contribution is up to 90% of the lowest cost health plans.



Please direct all benefits-related questions to:

	Amy Czaplowski Benefits Specialist Monona Grove School District 5301 Monona Drive Monona, WI 53716 D: (608) 316-1901 F: (608) 221-7688
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