

## 2024 Insurance Premiums

### COBRA AND DIRECT BILLED RETIREES MONTHLY PREMIUMS

		Family Coverage			Single Coverage	
		COBRA AND RETIREE Monthly Premium	Only Retiree + Dependent on plan and both are Medicare eligible Monthly Premium	Retiree &/or any number of Dependent(s) are Medicare Eligible	COBRA AND RETIREE Monthly Premium	Medicare Monthly Premium
<b>Health Insurance</b>	Dean HMO	\$1,873.53	\$1,429.60	\$1,467.22	\$752.42	\$714.80
	Dean POS	\$2,140.08	\$1,697.97	\$1,675.97	\$859.47	\$816.50
	Dean PPO	\$2,140.08	\$1,675.97	\$1,675.97	\$859.47	\$816.50
	GHC HMO	\$1,853.00	\$1,224.00	\$1,332.00	\$720.00	\$612.00
	GHC PPO	\$2,502.00	\$1,652.40	\$1,798.20	\$972.00	\$826.20

		Family Coverage	Single Coverage
		Monthly Premium	Monthly Premium
<b>Dental Insurance</b>	Delta Dental PPO (Premier)	\$158.86	\$56.87
	Delta Dental EPO Exclusive (Preferred)	\$125.73	\$42.14

<b>Vision Insurance</b>	Single	\$8.69
	Employee & Spouse	\$17.36
	Employee & Child(ren)	\$17.73
	Family	\$26.42

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

COBRA Participants: There is a 2% administrative fee for Dental and Vision Coverage.

Please direct all benefits-related questions to:

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