

## 2024 INSURANCE PREMIUMS

	Total Annual Premium	MCS Share	Employee Share	Per Deduction	Change from 2023 Rates
<b>PLAN A - TRADITIONAL HRA "PPO" Health Plan</b>					
Single	9,299.00	8,436.00	863.00	43.15	-1.80
Member + 1	18,632.00	14,437.00	4,195.00	209.75	-8.75
Family	23,339.00	18,079.00	5,260.00	263.00	-10.95
<b>PLAN B - HDHP WITH HSA Health Plan</b>					
Single	9,764.00	8,449.00	1,315.00	65.75	-2.75
Member + 1	19,527.00	14,427.00	5,100.00	255.00	-10.60
Family	24,505.00	18,111.00	6,394.00	319.70	-13.30
<b>TEACHER DENTAL PLAN</b>					
Single	318.96	317.96	1.00	1 X \$1	-
Member + Spouse	637.92	317.96	319.96	16.00	-
Member + Child(ren)	877.20	317.96	559.24	27.96	-
Family	1,275.84	317.96	957.88	47.89	-
<b>TEACHER VISION PLAN</b>					
Single	119.16	118.16	1.00	1 X \$1	-
Member + 1	210.24	118.16	92.08	4.60	-
Family	353.28	118.16	235.12	11.76	-
<b>NON-TEACHING DENTAL PLAN</b>					
Single	318.96	265.78	53.18	2.66	-
Member + Spouse	637.92	342.55	295.37	14.76	-
Member + Child(ren)	877.20	369.54	507.66	25.38	-
Family	1,275.84	440.63	835.21	41.76	-
<b>NON-TEACHING VISION PLAN</b>					
Single	119.16	103.40	15.76	0.78	-
Member + 1	210.24	118.76	91.48	4.57	-
Family	353.28	142.88	210.40	10.52	-
<b>LIFE INSURANCE</b>					
Administrator 1.5 X Salary	varies			1 X \$1	-
Staff \$50,000	79.20	78.20	1.00	1 X \$1	-
Teacher \$60,000	95.04	94.04	1.00	1 X \$1	-
<b>LONG-TERM DISABILITY (LTD)</b>					
Salary X 0.15%	varies			1 X \$1	-

\*Daily rate is calculated as follows: MCS Share/365 days of coverage