

# INSURANCE RATES EFFECTIVE JANUARY 1, 2024

Single or Family Coverage for Medical, Dental and Vision Plans

## Traditional PPO Health Plan

PPO Medical	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	13,892.16	1,157.68	1,099.80	57.88	28.94	1,099.80	1,319.76	57.88	28.94	34.73
FAMILY	33,781.44	2,815.12	2,260.00	555.12	277.56	2,260.00	2,712.00	555.12	277.56	333.07

## \*New High Deductible Health Plan (HSA)

HDHP Medical	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	9,626.16	802.18	762.07	40.11	20.05	762.07	914.49	40.11	20.05	24.07
FAMILY	23,526.36	1,960.53	1,572.92	387.61	193.81	1,572.92	1,887.50	387.61	193.81	232.57

## Dental

Dental	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	561.72	46.81	21.81	25.00	12.50	20.72	24.86	26.09	13.05	15.65
FAMILY	1,669.80	139.15	21.81	117.34	58.67	20.72	24.86	118.43	59.22	71.06

## Vision

Vision	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	50.16	4.18	4.18	0.00	0.00	4.18	5.02	0.00	0.00	0.00
FAMILY	127.92	10.66	10.66	0.00	0.00	10.66	12.79	0.00	0.00	0.00

### High Deductible (HAS)

COBRA RATES	PER MONTH
MEDICAL:	
SINGLE	818.22
FAMILY	1,999.74

### Traditional PPO

COBRA RATES	PER MONTH
MEDICAL:	
SINGLE	1,180.83
FAMILY	2,871.42

### High Deductible (HSA)

RETIREE RATES	PER MONTH
MEDICAL:	
SINGLE	802.18
FAMILY	1,960.53

### Traditional PPO

RETIREE RATES	PER MONTH
MEDICAL:	
SINGLE	1,157.68
FAMILY	2,815.12

### DENTAL:

SINGLE	47.75
FAMILY	141.93

### DENTAL:

SINGLE	46.81
FAMILY	139.15

### VISION:

SINGLE	4.26
FAMILY	10.87

### VISION:\*

SINGLE	4.26
FAMILY	10.87

\*Includes 2% COBRA Administrative Fees