

# Medical / Dental / Vision Insurance 2023-24

## TEACHERS

\*Paid 15<sup>th</sup> of each month (or previous business day)\*  
 +Premiums deducted over 12 months+

### Medical

Single Premium	\$ 675.00 / month
Family Premium	\$ 1,400.00 / month

	District Pays per month	Employee Cost per month for Single Coverage	Employee Cost per month for Family Coverage
Teachers .75 FTE to 1.0 FTE	\$ 675.00	\$ -	\$ 725.00
Teachers .50 FTE to .74 FTE	\$ 405.00	\$ 270.00	\$ 995.00

**\*\*Open enrollment held annually the month of May with an effective date of July 1st.**

### Dental

Single Premium	\$ 34.00 / month
Family Premium	\$ 102.00 / month

	District Pays per month	Employee Cost per month for Single Coverage	Employee Cost per month for Family Coverage
Teachers .75 FTE to 1.0 FTE	\$ 34.00	\$ -	\$ 68.00
Teachers .70 FTE	\$ 31.76	\$ 2.24	\$ 70.24
Teachers .60 FTE	\$ 27.20	\$ 6.80	\$ 74.80
Teachers .50 FTE	\$ 22.68	\$ 11.32	\$ 79.32

**\*\*There is no open enrollment period for dental coverage. This is the only opportunity to enroll, unless you have a qualifying life event.**

### Vision

Single Premium	\$ 10.52 / month
Family Premium	\$ 28.48 / month

*There is no district contribution for Vision Insurance, the full cost of the premium is paid by the employee*

***\*\*There is an annual enrollment for vision coverage. You are required to re-enroll each year to continue coverage.***