

**Medical Rates
for
Administrators, Certified, and Classified Salaried Employees (monthly)**

Effective September 1, 2023 - August 31, 2024

Core Medical Plan			
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month
Employee Only			
.75 - 1.0	\$581.51	\$581.51	\$0.00
.65 - .74	\$581.51	\$407.06	\$174.45
.55 - .64	\$581.51	\$348.91	\$232.60
.50 - .54	\$581.51	\$290.76	\$290.76
.44 - .49	\$581.51	\$0.00	\$581.51
Employee + Spouse			
.75 - 1.0	\$1,274.69	\$581.51	\$693.18
.65 - .74	\$1,274.69	\$407.06	\$867.63
.55 - .64	\$1,274.69	\$348.91	\$925.78
.50 - .54	\$1,274.69	\$290.76	\$983.94
.44 - .49	\$1,274.69	\$0.00	\$1,274.69
Employee + Child(ren)			
.75 - 1.0	\$1,099.80	\$581.51	\$518.29
.65 - .74	\$1,099.80	\$407.06	\$692.74
.55 - .64	\$1,099.80	\$348.91	\$750.89
.50 - .54	\$1,099.80	\$290.76	\$809.05
.44 - .49	\$1,099.80	\$0.00	\$1,099.80
Employee + Family			
.75 - 1.0	\$1,713.34	\$581.51	\$1,131.83
.65 - .74	\$1,713.34	\$407.06	\$1,306.28
.55 - .64	\$1,713.34	\$348.91	\$1,364.43
.50 - .54	\$1,713.34	\$290.76	\$1,422.59
.44 - .49	\$1,713.34	\$0.00	\$1,713.34

OR

High Deductible Health Plan				
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month	Monthly Board HSA Contribution
Employee Only				
.75 - 1.0	\$541.11	\$541.11	\$0.00	\$40.40
.65 - .74	\$541.11	\$378.78	\$162.33	\$28.28
.55 - .64	\$541.11	\$324.67	\$216.44	\$24.24
.50 - .54	\$541.11	\$270.56	\$270.56	\$20.20
.44 - .49	\$541.11	\$0.00	\$541.11	\$0.00
Employee + Spouse				
.75 - 1.0	\$1,196.20	\$541.11	\$655.09	\$40.40
.65 - .74	\$1,196.20	\$378.78	\$817.42	\$28.28
.55 - .64	\$1,196.20	\$324.67	\$871.53	\$24.24
.50 - .54	\$1,196.20	\$270.56	\$925.65	\$20.20
.44 - .49	\$1,196.20	\$0.00	\$1,196.20	\$0.00
Employee + Child(ren)				
.75 - 1.0	\$1,031.70	\$541.11	\$490.59	\$40.40
.65 - .74	\$1,031.70	\$378.78	\$652.92	\$28.28
.55 - .64	\$1,031.70	\$324.67	\$707.03	\$24.24
.50 - .54	\$1,031.70	\$270.56	\$761.15	\$20.20
.44 - .49	\$1,031.70	\$0.00	\$1,031.70	\$0.00
Employee + Family				
.75 - 1.0	\$1,603.67	\$541.11	\$1,062.56	\$40.40
.65 - .74	\$1,603.67	\$378.78	\$1,224.89	\$28.28
.55 - .64	\$1,603.67	\$324.67	\$1,279.00	\$24.24
.50 - .54	\$1,603.67	\$270.56	\$1,333.12	\$20.20
.44 - .49	\$1,603.67	\$0.00	\$1,603.67	\$0.00

**Vision Rates
for
Administrators, Certified, and Classified Salaried Employees (monthly)**

Effective September 1, 2023 - August 31, 2024

Basic Vision Plan			
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month
Employee Only			
.75 - 1.0	\$0.84	\$0.84	\$0.00
.65 - .74	\$0.84	\$0.59	\$0.25
.55 - .64	\$0.84	\$0.50	\$0.34
.50 - .54	\$0.84	\$0.42	\$0.42
.44 - .49	\$0.84	\$0.00	\$0.84
Employee + Spouse			
.75 - 1.0	\$1.44	\$0.84	\$0.60
.65 - .74	\$1.44	\$0.59	\$0.85
.55 - .64	\$1.44	\$0.50	\$0.94
.50 - .54	\$1.44	\$0.42	\$1.02
.44 - .49	\$1.44	\$0.00	\$1.44
Employee + Child(ren)			
.75 - 1.0	\$1.48	\$0.84	\$0.64
.65 - .74	\$1.48	\$0.59	\$0.89
.55 - .64	\$1.48	\$0.50	\$0.98
.50 - .54	\$1.48	\$0.42	\$1.06
.44 - .49	\$1.48	\$0.00	\$1.48
Employee + Family			
.75 - 1.0	\$2.38	\$0.84	\$1.54
.65 - .74	\$2.38	\$0.59	\$1.79
.55 - .64	\$2.38	\$0.50	\$1.88
.50 - .54	\$2.38	\$0.42	\$1.96
.44 - .49	\$2.38	\$0.00	\$2.38

OR

Buy-Up Vision Plan			
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month
Employee Only			
.75 - 1.0	\$11.43	\$0.84	\$10.59
.65 - .74	\$11.43	\$0.59	\$10.84
.55 - .64	\$11.43	\$0.50	\$10.93
.50 - .54	\$11.43	\$0.42	\$11.01
.44 - .49	\$11.43	\$0.00	\$11.43
Employee + Spouse			
.75 - 1.0	\$18.62	\$0.84	\$17.78
.65 - .74	\$18.62	\$0.59	\$18.03
.55 - .64	\$18.62	\$0.50	\$18.12
.50 - .54	\$18.62	\$0.42	\$18.20
.44 - .49	\$18.62	\$0.00	\$18.62
Employee + Child(ren)			
.75 - 1.0	\$19.00	\$0.84	\$18.16
.65 - .74	\$19.00	\$0.59	\$18.41
.55 - .64	\$19.00	\$0.50	\$18.50
.50 - .54	\$19.00	\$0.42	\$18.58
.44 - .49	\$19.00	\$0.00	\$19.00
Employee + Family			
.75 - 1.0	\$30.66	\$0.84	\$29.82
.65 - .74	\$30.66	\$0.59	\$30.07
.55 - .64	\$30.66	\$0.50	\$30.16
.50 - .54	\$30.66	\$0.42	\$30.24
.44 - .49	\$30.66	\$0.00	\$30.66

Dental Rates for Administrators, Certified, and Classified Salaried Employees (monthly)

Effective September 1, 2023 - August 31, 2024

Basic Dental Plan			
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month
Employee Only			
.75 - 1.0	\$20.36	\$20.36	\$0.00
.65 - .74	\$20.36	\$14.25	\$6.11
.55 - .64	\$20.36	\$12.22	\$8.14
.50 - .54	\$20.36	\$10.18	\$10.18
.44 - .49	\$20.36	\$0.00	\$20.36
Employee + Spouse			
.75 - 1.0	\$40.32	\$20.36	\$19.96
.65 - .74	\$40.32	\$14.25	\$26.07
.55 - .64	\$40.32	\$12.22	\$28.10
.50 - .54	\$40.32	\$10.18	\$30.14
.44 - .49	\$40.32	\$0.00	\$40.32
Employee + Child(ren)			
.75 - 1.0	\$39.99	\$20.36	\$19.63
.65 - .74	\$39.99	\$14.25	\$25.74
.55 - .64	\$39.99	\$12.22	\$27.77
.50 - .54	\$39.99	\$10.18	\$29.81
.44 - .49	\$39.99	\$0.00	\$39.99
Employee + Family			
.75 - 1.0	\$59.31	\$20.36	\$38.95
.65 - .74	\$59.31	\$14.25	\$45.06
.55 - .64	\$59.31	\$12.22	\$47.09
.50 - .54	\$59.31	\$10.18	\$49.13
.44 - .49	\$59.31	\$0.00	\$59.31

OR

Buy-Up Dental Plan			
% Of Time	Total Monthly Premium	Monthly Board Contribution	Employee Cost Per Month
Employee Only			
.75 - 1.0	\$36.38	\$20.36	\$16.02
.65 - .74	\$36.38	\$14.25	\$22.13
.55 - .64	\$36.38	\$12.22	\$24.16
.50 - .54	\$36.38	\$10.18	\$26.20
.44 - .49	\$36.38	\$0.00	\$36.38
Employee + Spouse			
.75 - 1.0	\$72.10	\$20.36	\$51.74
.65 - .74	\$72.10	\$14.25	\$57.85
.55 - .64	\$72.10	\$12.22	\$59.88
.50 - .54	\$72.10	\$10.18	\$61.92
.44 - .49	\$72.10	\$0.00	\$72.10
Employee + Child(ren)			
.75 - 1.0	\$71.51	\$20.36	\$51.15
.65 - .74	\$71.51	\$14.25	\$57.26
.55 - .64	\$71.51	\$12.22	\$59.29
.50 - .54	\$71.51	\$10.18	\$61.33
.44 - .49	\$71.51	\$0.00	\$71.51
Employee + Family			
.75 - 1.0	\$106.02	\$20.36	\$85.66
.65 - .74	\$106.02	\$14.25	\$91.77
.55 - .64	\$106.02	\$12.22	\$93.80
.50 - .54	\$106.02	\$10.18	\$95.84
.44 - .49	\$106.02	\$0.00	\$106.02