

CLASSIFIED

BARGAINING UNIT PER MONTH(10 MONTHS) COST OF BENEFITS FOR THE 2024-2025 SCHOOL YEAR

All Employee contributions for medical, dental and vision will be taken pre-tax 10thly unless the post-tax form is signed

FTE CONTRACT		MEDICAL						DENTAL		VISION	LIFE	
		KAISER DHMO 500		KAISER HMO 30		ABC DHMO 500 SELECT 40 CO PAY		ABC HMO 30 FULL NETWORK		DELTA DENTAL	EYE MED	GROUP LIFE INS.
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY			
6.25 OR MORE HRS PER DAY	100% EMPLOYEE	200.00	400.00	350.00	600.00	225.00	580.00	300.00	800.00	0.00	0.00	0.00
	DISTRICT	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	119.47	13.79	13.80
4 HRS BUT LESS THAN 6.25 HRS PER DAY	80% EMPLOYEE	437.21	637.21	587.21	837.21	462.21	817.21	537.21	1037.21	23.89	2.76	2.76
	DISTRICT	948.83	948.83	948.83	948.83	948.83	948.83	948.83	948.83	95.58	11.03	11.04
LESS THAN 4HRS PER DAY	60% EMPLOYEE	674.42	874.42	824.42	1074.42	699.42	1054.42	774.42	1274.42	47.79	5.52	5.52
	DISTRICT	711.62	711.62	711.62	711.62	711.62	711.62	711.62	711.62	71.68	8.27	8.28

FTE CONTRACT		ABC PPO 500		ABC H.S.A 3000		ABC H.S.A 1600		DELTA DENTAL	EYE MED	GROUP LIFE INS.	COMPLETE CARE
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY				
6.25 OR MORE HRS PER DAY	100% EMPLOYEE	1045.00	3,610.00	315.00	1547.00	445.00	1827.00	0.00	0.00	0.00	\$30 employee paid
	DISTRICT	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	1,186.04	119.47	13.79	13.80	
4 HRS BUT LESS THAN 6.25 HRS PER DAY	80% EMPLOYEE	1,282.21	3,847.21	552.21	1,784.21	682.21	2,064.21	23.89	2.76	2.76	\$30 employee paid
	DISTRICT	948.83	948.83	948.83	948.83	948.83	948.83	95.58	11.03	11.04	
LESS THAN 4HRS PER DAY	60% EMPLOYEE	1,519.42	4,084.42	789.42	2,021.42	919.42	2,301.42	47.79	5.52	5.52	\$30 employee paid
	DISTRICT	711.62	711.62	711.62	711.62	711.62	711.62	71.68	8.27	8.28	

Updated 4/29/2024

* The district monthly contribution is \$1333.10. Dental, Vision, and Life are paid first which leaves \$1,186.04 remaining that is applied to the medical plans.