

MINIMUM VALUE PLAN RATES
PER MONTH (10 MONTHS) COST OF BENEFITS FOR THE 2024-2025 SCHOOL YEAR
Rates effective 7/1/2024

FTE CONTRACT		ANTHEM MINIMUM VALUE PLAN 5900/11800				KAISER MINIMUM VALUE PLAN 4500/9000				DELTA DENTAL	EYE MED	GROUP LIFE
		SINGLE	EE + SPOUSE	EE + CHILDREN	FAMILY	SINGLE	EE + Spouse	EE + Children	FAMILY			
76-100% OR 6.25 OR MORE HRS PER DAY	100% EMPLOYEE DISTRICT	\$0	\$0	\$0	\$ 80.00	\$0	\$0	\$0	\$ 85.00	\$0	\$0	\$0
		\$ 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
51-75% OR 4 HRS BUT LESS THAN 6.25 HOURS PER DAY	80% EMPLOYEE DISTRICT	\$0	\$0	\$0	\$ 317.21	\$0	\$0	\$0	\$ 322.21	\$ 23.89	\$ 2.76	\$ 2.76
		\$ 1,186.04	\$ 1,186.04	\$ 1,186.04	\$ 948.83		\$ 1,186.04	\$ 1,186.04	\$ 948.83	\$ 95.58	\$ 11.03	\$ 11.04
0-50% OR LESS THAN 4 HOURS PER DAY	60% EMPLOYEE DISTRICT	\$0	\$0	\$0	\$ 554.42	\$0	\$0	\$0	\$ 559.42	\$ 47.79	\$ 5.52	\$ 5.52
		\$ 1,186.04	\$ 1,186.04	\$ 1,186.04	\$ 711.62	\$ 1,186.04	\$ 1,186.04	\$ 1,186.04	\$ 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.