

Health/Vision and Dental Insurance Rates Behavior Intervention Specialist

BlueCross BlueShield		Network: Aware Effective July 1, 2024*						
Health Plans	Coplay Plan	ACA Plan		HSA Plan				
Office Visit Copay	\$35	-		-				
Individual Deductible	\$400	\$6,400		\$3,200				
Single Monthly Premium	\$932.60	\$546.71		\$693.75				
Family Monthly Premium	\$2,622.82	\$1,593.37		\$1,985.63				
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	HSA DISTRICT CONTRIBUTION
BEHAVIOR INTERVENTION SPECIALIST								
SINGLE	\$730.12	\$202.48	\$151.86	\$0.00	\$0.00	\$0.00	\$0.00	\$36.37
FAMILY	\$1,713.86	\$908.96	\$681.72	\$0.00	\$0.00	\$271.77	\$203.83	\$0.00

Delta Dental			
Single Monthly Premium	\$106.30		
Family Monthly Premium	\$106.30		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
BEHAVIOR INTERVENTION SPECIALIST-Hired Before July 1 2024			
Single or Family	\$106.30	\$0.00	\$0.00
BEHAVIOR INTERVENTION SPECIALIST-Hired After July 1 2024			
Single or Family	\$64.37	\$41.93	\$31.45

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions