

Health/Vision and Dental Insurance Rates EDUCATION ASSISTANTS

| 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 |
| EDUCATION ASSISTANT | | | | | | | | |
| SINGLE | \$715.80 | \$216.80 | \$162.60 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$22.05 |
| FAMILY | \$1,680.25 | \$942.57 | \$706.93 | \$0.00 | \$0.00 | \$305.38 | \$229.04 | \$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 |
| EDUCATION ASSISTANT | | | |
| Single or Family | \$66.30 | \$40.00 | \$30.00 |

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions