

Health/Vision and Dental Insurance Rates LOCAL 70

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
DRIVER/CUSTODIAN-12 Mo, Full-Time								
SINGLE	\$730.12	\$202.48	x	\$0.00	x	\$0.00	\$0.00	x
FAMILY	\$1,713.86	\$908.96	\$101.24	\$0.00	\$0.00	\$271.77	\$135.89	\$36.37
FAMILY		\$454.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
DRIVER-STUDENT CONTACT DAY								
SINGLE	\$730.12	\$202.48	^	\$0.00	^	\$0.00	\$0.00	^
FAMILY	\$730.12	\$1,892.70	\$151.86	\$863.25	\$647.44	\$1,255.51	\$941.63	\$0.00
FAMILY		\$1,419.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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
DRIVER/CUSTODIAN-12 Mo, Full-Time			
Single or Family	\$106.30	\$0.00	\$0.00
DRIVER-STUDENT CONTACT DAY			
Single or Family	\$106.30	\$0.00	\$0.00
Driver Part Time			
Single or Family	\$71.10	\$35.20	\$26.40
Driver/Custodian-12mo PT			
Single or Family	\$65.00	\$41.30	\$30.98

PAYROLL DEDUCTIONS: x July-June = 24 payroll deductions
 PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions