

Health/Vision and Dental Insurance Rates LPN/ARN

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
LPN/ARN								
	\$715.80	\$216.80	\$162.60	\$0.00	\$0.00	\$0.00	\$0.00	\$22.05
	\$1,680.25	\$942.57	\$706.93	\$0.00	\$0.00	\$305.38	\$229.04	\$0.00

Delta Dental			
		\$106.30	
		\$106.30	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
LPN/ARN			
Single or Family	\$66.30	\$40.00	\$30.00

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions