

Health/Vision and Dental Insurance Rates NUTRITION SERVICES

BlueCross BlueShield				Network: Aware		Effective July 1, 2024		
Health Plans		Copay Plan		ACA Plan		Nutrition Services VEBA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$1,350		
Single Monthly Premium		\$932.60		\$546.71		\$932.60		
Family Monthly Premium		\$2,622.82		\$1,593.37		\$2,622.82		
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	VEBA DISTRICT CONTRIBUTION
NUTRITION SERVICES (hired before 3/1/93)								
SINGLE	\$636.00	\$296.60	\$222.45	\$0.00	\$0.00	\$296.60	\$222.45	\$63.19
FAMILY	\$1,413.00	\$1,209.82	\$907.37	\$180.37	\$0.00	\$1,209.82	\$907.37	\$175.09
NUTRITION SERVICES (hired after 3/1/93)								
SINGLE	\$566.00	\$366.60	\$274.95	\$0.00	\$0.00	\$366.60	\$274.95	\$63.19
FAMILY	\$1,258.00	\$1,364.82	\$1,023.62	\$335.37	\$251.53	\$1,364.82	\$1,023.62	\$175.09

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
NUTRITION SERVICES (hired before 3/1/93)			
NUTRITION SERVICES (hired after 3/1/93)			
Single or Family	\$64.37	\$41.93	\$31.45

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions