

Health/Vision and Dental Insurance Rates PARAEDUCATORS

BlueCross BlueShield		Network: Aware				Effective July 1, 2024		
Health Plans		Copay 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
PARAEDUCATORS (hired before 8/31/98)								
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
PARAEDUCATORS (hired after 8/31/98)								
SINGLE	\$730.12	\$202.48	\$151.86	\$0.00	\$0.00	\$0.00	\$0.00	\$36.37
FAMILY	\$730.12	\$1,892.70	\$1,419.53	\$863.25	\$647.44	\$1,255.51	\$941.63	\$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
PARAEDUCATORS (hired before 8/31/98)			
PARAEDUCATORS (hired after 8/31/98)			
Single or Family	\$64.37	\$41.93	\$31.45

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions