

## Health/Vision and Dental Insurance Rates PRINCIPALS

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
<b>PRINCIPALS</b>								
	\$730.12	\$202.48	\$101.24	\$0.00	\$0.00	\$0.00	\$0.00	\$36.37
	\$1,713.86	\$908.96	\$454.48	\$0.00	\$0.00	\$271.77	\$135.89	\$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
<b>PRINCIPALS</b>			
Single or Family	\$106.30	\$0.00	\$0.00

PAYROLL DEDUCTIONS: July-June = 24 payroll deductions

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