

Health/Vision and Dental Insurance Rates TEACHERS

BlueCross BlueShield		Network: Aware				Effective July 1, 2024			
Health Plans	Copay Plan	ACA Plan		Teacher VEBA Plan					
Office Visit Copay	\$35	-		-					
Individual Deductible	\$400	\$6,400		\$2,200					
Single Monthly Premium	\$932.60	\$546.71		\$902.62					
Family Monthly Premium	\$2,622.82	\$1,593.37		\$2,439.90					
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 PER MONTH	
TEACHERS									
SINGLE (.5 FTE and above)		\$730.12	\$202.48	\$101.24	\$0.00	\$0.00	\$172.50	\$86.25	\$146.67
FAMILY (.75 FTE and above)		\$1,713.86	\$908.96	\$454.48	\$0.00	\$0.00	\$726.04	\$363.02	\$293.33
FAMILY (.70 FTE to .74 FTE)		\$1,199.70	\$1,423.12	\$711.56	\$393.67	\$196.83	\$1,240.20	\$620.10	\$293.33
FAMILY (.65 FTE to .69 FTE)		\$1,114.01	\$1,508.81	\$754.41	\$479.36	\$239.68	\$1,325.89	\$662.95	\$293.33
FAMILY (.6 FTE to .64 FTE)		\$1,028.32	\$1,594.50	\$797.25	\$565.05	\$282.53	\$1,411.58	\$705.79	\$293.33
FAMILY (.55 FTE to .59 FTE)		\$942.62	\$1,680.20	\$840.10	\$650.75	\$325.37	\$1,497.28	\$748.64	\$293.33
FAMILY (.5 FTE to .54 FTE)		\$856.93	\$1,765.89	\$882.95	\$736.44	\$368.22	\$1,582.97	\$791.49	\$293.33

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
TEACHERS .5 FTE and Greater			
Single or Family		\$106.30	\$0.00

VEBA Plan: Effective July 1, 2024 contributions to the VEBA trust account is 80% of deductible.

Single coverage: \$1,760 annual contribution
 July 2024-Deposit of \$550
 Aug 2024 to June 2025-Deposit of \$110/month

Family coverage: \$3,520 annual contribution
 July 2024-Deposit of \$1,100
 Aug 2024 to June 2025-Deposit of \$220/month

PAYROLL DEDUCTIONS: August-May = 24 payroll deductions