

Health/Vision and Dental Insurance Rates CLERICAL

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
CLERICAL-10 Mo, Full-Time (Hired before 8/7/92)								
SINGLE	\$730.12	\$202.48	^	\$0.00	^	\$0.00	\$0.00	\$36.37
FAMILY	\$1,713.86	\$908.96	^	\$0.00	^	\$271.77	\$203.83	\$0.00
CLERICAL-10 Mo, Full-Time (Hired after 8/7/92)								
SINGLE	\$730.12	\$202.48	^	\$0.00	^	\$0.00	\$0.00	\$36.37
FAMILY	\$1,439.64	\$1,183.18	^	\$153.73	^	\$545.99	\$409.49	\$0.00
CLERICAL-11 Mo, Full-Time (Hired before 8/7/92)								
SINGLE	\$730.12	\$202.48	^	\$0.00	^	\$0.00	\$0.00	\$36.37
FAMILY	\$1,713.86	\$908.96	^	\$0.00	^	\$271.77	\$203.83	\$0.00
CLERICAL-11 Mo, Full-Time (Hired after 8/7/92)								
SINGLE	\$730.12	\$202.48	^	\$0.00	^	\$0.00	\$0.00	\$36.37
FAMILY	\$1,576.75	\$1,046.07	^	\$16.62	^	\$408.88	\$306.66	\$0.00
CLERICAL-12 Mo, Full-Time								
SINGLE	\$730.12	\$202.48	x	\$0.00	x	\$0.00	\$0.00	\$36.37
FAMILY	\$1,713.86	\$908.96	x	\$0.00	x	\$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
Clerical Part Time			
Single or Family	\$64.37	\$41.93	\$31.45
CLERICAL-10 Mo, Full-Time (Hired before 8/7/92)			
Single or Family	\$106.30	\$0.00	\$0.00
CLERICAL-10 Mo, Full-Time (Hired after 8/7/92)			
Single or Family	\$91.48	\$14.82	\$11.12
CLERICAL-11 Mo, Full-Time (Hired before 8/7/92)			
Single or Family	\$106.30	\$0.00	\$0.00
CLERICAL-11 Mo, Full-Time (Hired after 8/7/92)			
Single or Family	\$100.19	\$6.11	\$4.58
CLERICAL-12 Mo, Full-Time			
Single or Family	\$106.30	\$0.00	\$0.00

PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions

PAYROLL DEDUCTIONS: x July-June = 24 payroll deductions