

Health/Vision and Dental Insurance Rates ACA ELIGIBILITY

BlueCross BlueShield		Network: Aware		Effective July 1, 2024	
Health Plans		Copay Plan		ACA Plan	
Office Visit Copay		\$35		-	
Individual Deductible		\$400		\$6,400	
Single Monthly Premium		\$921.28		\$535.39	
Family Monthly Premium		\$2,598.53		\$1,569.08	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
ACA ELIGIBILITY					
SINGLE	\$430.39	\$490.89	\$368.17	\$105.00	\$78.75
FAMILY	\$430.39	\$2,168.14	\$1,626.11	\$1,138.69	\$854.02

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

***Dental benefit is not available**