

## 2024-25 INSURANCE RATES FOR CLASSIFIED 12 MONTH EMPLOYEES

The following are the health insurance rates effective October 1, 2024.

These rates are based on monthly (12) payments for insurance coverage from October 1, 2024 through September 30, 2025.

The district pays a cap of \$6,000 (annually) plus 50% of the amount over the cap for full-time employees and a prorated amount for part-time employees according to the following schedule.

**Rates include medical, dental and vision for Packages 1-10 .**

### With Incentive Dental

Hours per Day	Package 1 80M: 80% \$40	Package 2 80G: 80% \$30	Package 3 90C: 90% \$20	Package 4 100A: 100% \$20
4.00	\$ 911.96	\$ 1,188.71	\$ 1,369.46	\$ 1,483.46
4.25	\$ 882.54	\$ 1,153.53	\$ 1,330.51	\$ 1,442.14
4.50	\$ 853.13	\$ 1,118.34	\$ 1,291.56	\$ 1,400.81
4.75	\$ 823.71	\$ 1,083.16	\$ 1,252.62	\$ 1,359.49
5.00	\$ 794.29	\$ 1,047.98	\$ 1,213.67	\$ 1,318.17
5.25	\$ 764.88	\$ 1,012.80	\$ 1,174.72	\$ 1,276.85
5.50	\$ 735.46	\$ 977.62	\$ 1,135.78	\$ 1,235.53
5.75	\$ 706.05	\$ 942.44	\$ 1,096.83	\$ 1,194.20
6.00	\$ 676.63	\$ 907.26	\$ 1,057.88	\$ 1,152.88
6.25	\$ 647.22	\$ 872.07	\$ 1,018.93	\$ 1,111.56
6.50	\$ 617.80	\$ 836.89	\$ 979.99	\$ 1,070.24
6.75	\$ 588.38	\$ 801.71	\$ 941.04	\$ 1,028.92
7.00	\$ 558.97	\$ 766.53	\$ 902.09	\$ 987.59
7.25	\$ 529.55	\$ 731.35	\$ 863.15	\$ 946.27
7.50	\$ 500.14	\$ 696.17	\$ 824.20	\$ 904.95
7.75	\$ 470.72	\$ 660.99	\$ 785.25	\$ 863.63
8.00	\$ 441.31	\$ 625.80	\$ 746.31	\$ 822.31

### HSA PLANS

Package 9 HSA 90%	Anchor Bronze-A Medical Only Employee Only 70%
\$ 1,035.71	\$ 397.75
\$ 1,003.71	\$ 379.05
\$ 971.72	\$ 360.34
\$ 939.73	\$ 341.64
\$ 907.73	\$ 322.94
\$ 875.74	\$ 304.23
\$ 843.74	\$ 285.53
\$ 811.75	\$ 266.83
\$ 779.76	\$ 248.13
\$ 747.76	\$ 229.42
\$ 715.77	\$ 210.72
\$ 683.77	\$ 192.02
\$ 651.78	\$ 173.31
\$ 619.79	\$ 154.61
\$ 587.79	\$ 135.91
\$ 555.80	\$ 117.20
\$ 523.81	\$ 98.50

### With PPO Dental

Hours per Day	Package 5 80M: 80% \$40	Package 6 80G: 80% \$30	Package 7 90C: 90% \$20	Package 8 100A: 100% \$20
4.00	\$ 931.25	\$ 1,208.00	\$ 1,388.75	\$ 1,502.75
4.25	\$ 901.43	\$ 1,172.41	\$ 1,349.40	\$ 1,461.02
4.50	\$ 871.61	\$ 1,136.83	\$ 1,310.05	\$ 1,419.30
4.75	\$ 841.79	\$ 1,101.25	\$ 1,270.70	\$ 1,377.58
5.00	\$ 811.98	\$ 1,065.66	\$ 1,231.35	\$ 1,335.85
5.25	\$ 782.16	\$ 1,030.08	\$ 1,192.00	\$ 1,294.13
5.50	\$ 752.34	\$ 994.50	\$ 1,152.65	\$ 1,252.40
5.75	\$ 722.52	\$ 958.91	\$ 1,113.31	\$ 1,210.68
6.00	\$ 692.71	\$ 923.33	\$ 1,073.96	\$ 1,168.96
6.25	\$ 662.89	\$ 887.75	\$ 1,034.61	\$ 1,127.23
6.50	\$ 633.07	\$ 852.16	\$ 995.26	\$ 1,085.51
6.75	\$ 603.25	\$ 816.58	\$ 955.91	\$ 1,043.78
7.00	\$ 573.44	\$ 781.00	\$ 916.56	\$ 1,002.06
7.25	\$ 543.62	\$ 745.41	\$ 877.21	\$ 960.34
7.50	\$ 513.80	\$ 709.83	\$ 837.86	\$ 918.61
7.75	\$ 483.98	\$ 674.25	\$ 798.51	\$ 876.89
8.00	\$ 454.17	\$ 638.67	\$ 759.17	\$ 835.17

### HSA PLANS

Package 10 HSA 90%	Anchor Bronze-B Medical Only Employee + Child (ren) 70%
\$ 1,055.00	\$ 709.00
\$ 1,022.60	\$ 683.81
\$ 990.21	\$ 658.63
\$ 957.81	\$ 633.44
\$ 957.81	\$ 608.25
\$ 893.02	\$ 583.06
\$ 860.62	\$ 557.88
\$ 828.23	\$ 532.69
\$ 795.83	\$ 507.50
\$ 763.44	\$ 482.31
\$ 731.04	\$ 457.13
\$ 698.64	\$ 431.94
\$ 666.25	\$ 406.75
\$ 633.85	\$ 381.56
\$ 601.46	\$ 356.38
\$ 569.06	\$ 331.19
\$ 536.67	\$ 306.00