

COOPERATIVE EDUCATIONAL SERVICES
INSURANCE PREMIUM RATES
EFFECTIVE 7/1/2024 – 6/30/2025

CONNECTICARE MEDICAL COVERAGE CLASS	AGENCY MONTHLY PREMIUM COST	EMPLOYEE MONTHLY COST	10 MONTH HOURLY EMPLOYEES (DEDUCTION FOR 19 PAYS)	10 MONTH SALARIED EMPLOYEES (DEDUCTION FOR 21 PAYS)	ALL 12 MONTH EMPLOYEES (DEDUCTION FOR 26 PAYS)
EMPLOYEE	\$893.32	\$205.46	\$129.77	\$117.41	\$94.83
EMPLOYEE + CHILD(REN)	\$1,836.69	\$422.44	\$266.81	\$241.40	\$194.98
EMPLOYEE + SPOUSE	\$2,050.87	\$471.70	\$297.92	\$269.55	\$217.71
FAMILY	\$2,620.78	\$602.78	\$380.71	\$344.45	\$278.21
CIGNA DENTAL COVERAGE CLASS					
EMPLOYEE	\$46.27	\$10.64	\$6.72	\$6.08	\$4.92
EMPLOYEE + DEPENDENTS	\$120.51	\$27.72	\$17.51	\$15.84	\$12.80

NOTE #1: Employees who work less than 1.0 FTE but more than 30.0 hours per week may choose to participate in medical and dental insurance coverages but will be responsible for a pro-rated insurance cost.

NOTE #2: The deductible for Individual Employee coverage is \$2,250.
The deductible for Employee + Child(ren); Employee + Spouse; and for Family Coverage is \$4,500.

NOTE #3: 10 Month Hourly Employees are paid over 21 pay periods; deductions for medical and dental insurances will only be taken for 19 pay periods. There will be NO medical and dental insurance deductions taken on the January 3, 2025 and April 25, 2025 pay dates.