

**SUPPORT STAFF**

*Full & Part Time*  
*SY 2024-2025*

**BENEFIT RATE SHEET****Health Insurance**

**First Deduction = September 27, 2024**  
**Based on 20 bi-weekly deductions**

<b>31-40 HOURS</b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Employee Share</u></b>	<b><u>Employee Deductions</u></b>
<b><u>Anthem Choice +</u></b>			<b><u>92%</u></b>	<b><u>8%</u></b>	
Single	928.27	11,139.24	10,248.10	891.14	44.56
Adult w Child(ren)	1,642.84	19,714.08	18,136.95	1,577.13	78.86
2 Adults	2,092.16	25,105.92	23,097.45	2,008.47	100.42
Family	2,546.44	30,557.28	28,112.70	2,444.58	122.23
<b><u>Anthem Standard</u></b>					
Single	1,002.42	12,029.04	10,248.10	1,780.94	89.05
Adult w Child(ren)	1,774.26	21,291.12	18,136.95	3,154.17	157.71
2 Adults	2,259.52	27,114.24	23,097.45	4,016.79	200.84
Family	2,750.16	33,001.92	28,112.70	4,889.22	244.46
<b>21-30 HOURS</b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Employee Share</u></b>	<b><u>Employee Deductions</u></b>
<b><u>Anthem Choice +</u></b>			<b><u>78%</u></b>	<b><u>22%</u></b>	
Single	928.27	11,139.24	8,688.61	2,450.63	122.53
Adult w Child(ren)	1,642.84	19,714.08	15,376.98	4,337.10	216.85
2 Adults	2,092.16	25,105.92	19,582.62	5,523.30	276.17
Family	2,546.44	30,557.28	23,834.68	6,722.60	336.13
<b><u>Anthem Standard</u></b>					
Single	1,002.42	12,029.04	8,688.61	3,340.43	167.02
Adult w Child(ren)	1,774.26	21,291.12	15,376.98	5,914.14	295.71
2 Adults	2,259.52	27,114.24	19,582.62	7,531.62	376.58
Family	2,750.16	33,001.92	23,834.68	9,167.24	458.36

<b>20 HOURS</b>	<b>Monthly Premium</b>	<b>Annual Premium</b>	<b>District Share</b>	<b>Employee Share</b>	<b>Employee Deductions</b>
<b><u>Anthem Choice +</u></b>			<b><u>53%</u></b>	<b><u>47%</u></b>	
Single	928.27	11,139.24	5,903.80	5,235.44	261.77
Adult w Child(ren)	1,642.84	19,714.08	10,448.46	9,265.62	463.28
2 Adults	2,092.16	25,105.92	13,306.14	11,799.78	589.99
Family	2,546.44	30,557.28	16,195.36	14,361.92	718.10
<b><u>Anthem Standard</u></b>					
Single	1,002.42	12,029.04	5,903.80	6,125.24	306.26
Adult w Child(ren)	1,774.26	21,291.12	10,448.46	10,842.66	542.13
2 Adults	2,259.52	27,114.24	13,306.14	13,808.10	690.41
Family	2,750.16	33,001.92	16,195.36	16,806.56	840.33

*Minimum of 20 working hours per week is required to be eligible for benefits*

Standard Plan - District pays 100% of the District Share of the ChoicePlus plan - the difference in cost is paid by the employee.

<b>SUPPORT STAFF</b>	<b><u>BENEFIT RATE SHEET</u></b>					
<i>Full &amp; Part Time</i>		<b><u>Dental Insurance</u></b>		<b>First Deduction = September 27, 2024</b>		
<b>SY 2024-2025</b>				<b>Based on 20 biweekly payroll deductions</b>		
	<b>MSMA Plan A (with orthodontia)</b>					
<b><u>31-40 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>	
Employee	40.29	483.48	459.31	24.17	1.21	
2 Person	85.17	1,022.04	459.31	562.73	28.14	
Family (3 persons or more)	136.44	1,637.28	459.31	1,177.97	58.90	
<b><u>31-40 Hours / 44 Weeks</u></b>						
Employee	40.29	483.48	390.41	93.07	4.65	
2 Person	85.17	1,022.04	390.41	631.63	31.58	
Family (3 Persons or More)	136.44	1,637.28	390.41	1,246.87	62.34	
<b><u>31-40 Hours / 36 Weeks</u></b>						
Employee	40.29	483.48	316.92	166.56	8.33	
2 Person	85.17	1,022.04	316.92	705.12	35.26	
Family (3 Persons or More)	136.44	1,637.28	316.92	1,320.36	66.02	
<b><u>21-30 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>	
Employee	40.29	483.48	344.48	139.00	6.95	
2 Person	85.17	1,022.04	344.48	677.56	33.88	
Family (3 Persons or More)	136.44	1,637.28	344.48	1,292.80	64.64	
<b><u>21-30 Hours / 44 Weeks</u></b>						
Employee	40.29	483.48	289.36	194.12	9.71	
2 Person	85.17	1,022.04	289.36	732.68	36.63	
Family (3 Persons or More)	136.44	1,637.28	289.36	1,347.92	67.40	
<b><u>21-30 Hours / 36 Weeks</u></b>						
Employee	40.29	483.48	238.84	244.64	12.23	
2 Person	85.17	1,022.04	238.84	783.20	39.16	
Family (3 Persons or More)	136.44	1,637.28	238.84	1,398.44	69.92	

<b><u>20 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>
Employee	40.29	483.48	229.65	253.83	12.69
2 Person	85.17	1,022.04	229.65	792.39	39.62
Family (3 Persons or More)	136.44	1,637.28	229.65	1,407.63	70.38
<b><u>20 Hours / 44 Weeks</u></b>					
Employee	40.29	483.48	192.91	290.57	14.53
2 Person	85.17	1,022.04	192.91	829.13	41.46
Family (3 Persons or More)	136.44	1,637.28	192.91	1,444.37	72.22
<b><u>20 Hours / 36 Weeks</u></b>					
Employee	40.29	483.48	160.76	322.72	16.14
2 Person	85.17	1,022.04	160.76	861.28	43.06
Family (3 Persons or More)	136.44	1,637.28	160.76	1,476.52	73.83
<i>Minimum of 20 working hours per week is required to be eligible for benefits</i>					

<b>SUPPORT STAFF</b>	<b><u>BENEFIT RATE SHEET</u></b>					
<i>Full &amp; Part Time</i>		<b><u>Dental Insurance</u></b>		<b>First Deduction = September 27, 2024</b>		
<b>SY 2024-2025</b>				<b>Based on 20 biweekly payroll deductions</b>		
	<b>MSMA Plan B (without orthodontia)</b>					
<b><u>31-40 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>	
Employee	40.29	483.48	459.31	24.17	1.21	
2 Person	85.17	1,022.04	459.31	562.73	28.14	
Family (3 persons or more)	127.86	1,534.32	459.31	1,075.01	53.75	
<b><u>31-40 Hours / 44 Weeks</u></b>						
Employee	40.29	483.48	390.41	93.07	4.65	
2 Person	85.17	1,022.04	390.41	631.63	31.58	
Family (3 Persons or More)	127.86	1,534.32	390.41	1,143.91	57.20	
<b><u>31-40 Hours / 36 Weeks</u></b>						
Employee	40.29	483.48	316.92	166.56	8.33	
2 Person	85.17	1,022.04	316.92	705.12	35.26	
Family (3 Persons or More)	127.86	1,534.32	316.92	1,217.40	60.87	
<b><u>21-30 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>	
Employee	40.29	483.48	344.48	139.00	6.95	
2 Person	85.17	1,022.04	344.48	677.56	33.88	
Family (3 Persons or More)	127.86	1,534.32	344.48	1,189.84	59.49	
<b><u>21-30 Hours / 44 Weeks</u></b>						
Employee	40.29	483.48	289.36	194.12	9.71	
2 Person	85.17	1,022.04	289.36	732.68	36.63	
Family (3 Persons or More)	127.86	1,534.32	289.36	1,244.96	62.25	
<b><u>21-30 Hours / 36 Weeks</u></b>						
Employee	40.29	483.48	238.84	244.64	12.23	
2 Person	85.17	1,022.04	238.84	783.20	39.16	
Family (3 Persons or More)	127.86	1,534.32	238.84	1,295.48	64.77	

<b><u>20 Hours / 52 Weeks</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Annual Premium</u></b>	<b><u>District Share</u></b>	<b><u>Emp Share</u></b>	<b><u>Emp Deductions</u></b>
Employee	40.29	483.48	229.65	253.83	12.69
2 Person	85.17	1,022.04	229.65	792.39	39.62
Family (3 Persons or More)	127.86	1,534.32	229.65	1,304.67	65.23
<b><u>20 Hours / 44 Weeks</u></b>					
Employee	40.29	483.48	192.91	290.57	14.53
2 Person	85.17	1,022.04	192.91	829.13	41.46
Family (3 Persons or More)	127.86	1,534.32	192.91	1,341.41	67.07
<b><u>20 Hours / 36 Weeks</u></b>					
Employee	40.29	483.48	160.76	322.72	16.14
2 Person	85.17	1,022.04	160.76	861.28	43.06
Family (3 Persons or More)	127.86	1,534.32	160.76	1,373.56	68.68
<i>Minimum of 20 working hours per week is required to be eligible for benefits</i>					