

<u>BENEFIT RATE SHEET</u>					
District Office	Health & Dental Insurance Rates			First Deduction = July 5, 2024	
Full Time	SY 2024-2025			Based on 26 bi-weekly deductions	
<u>HEALTH INSURANCE</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Employee Share</u>	<u>Employee Deductions</u>
		SY 24/25	92%	8%	
Anthem ChoicePlus					
Single	928.27	11,139.24	10,248.10	891.14	34.27
Adult w Child(ren)	1,642.84	19,714.08	18,136.95	1,577.13	60.66
2 Adults	2,092.16	25,105.92	23,097.45	2,008.47	77.25
Family	2,546.44	30,557.28	28,112.70	2,444.58	94.02
Anthem Standard					
Single	1002.42	12,029.04	11,066.72	962.32	37.01
Adult w Child(ren)	1,774.26	21,291.12	19,587.83	1,703.29	65.51
2 Adults	2,259.52	27,114.24	24,945.10	2,169.14	83.43
Family	2,750.16	33,001.92	30,361.77	2,640.15	101.54
<u>MSMA DENTAL INSURANCE</u>					
Plan A (with orthodontia)					
Single	40.29	483.48	483.48	0	0
2 Person	85.17	1,022.04	483.48	538.56	20.71
Family	136.44	1,637.28	483.48	1,153.80	44.38
Plan B (without orthodontia)					
Single	40.29	483.48	483.48	0	0
2 Person	83.3	999.60	483.48	516.12	19.85
Family	127.86	1,534.32	483.48	1,050.84	40.42
Part-time employee's premium is based on the percentage of time they are employed.					