

**FY 25 HEALTH INSURANCE RATES \*\* July 1, 2024 - JUNE 30, 2025**

**PART-TIME AND/OR FULL-TIME EMPLOYEES**

GROUP HEALTH INSURANCE PLAN	Cost for full-time employees (before State Share and Flex Credit) and cost paid by part-time employees		Cost paid by State (State Share)		Employee Premium w/o Flex Credit		Flex Credit (Paid by CRSD)		Cost paid by Full-Time Employees (after State Share and Flex Credit)	
	Per month	Per Pay	Per month	Per Pay	Per month	Per Pay	Per month	Per pay	Per month	Per Pay
<b>HIGHMARK - COMP PPO</b>										
EMPLOYEE ONLY	\$1,198.24	\$599.12	\$1,039.48	\$519.74	\$158.76	\$79.38	\$135.00	\$67.50	\$23.76	\$11.88
EMPLOYEE & SPOUSE	\$2,486.48	\$1,243.24	\$2,157.00	\$1,078.50	\$329.48	\$164.74	\$135.00	\$67.50	\$194.48	\$97.24
EMPLOYEE & CHILD(REN)	\$1,846.70	\$923.35	\$1,602.02	\$801.01	\$244.68	\$122.34	\$135.00	\$67.50	\$109.68	\$54.84
FAMILY	\$3,108.44	\$1,554.22	\$2,696.58	\$1,348.29	\$411.86	\$205.93	\$135.00	\$67.50	\$276.86	\$138.43
<b>HIGHMARK-FIRST STATE BASIC</b>										
EMPLOYEE ONLY	\$1,049.58	\$524.79	\$1,007.60	\$503.80	\$41.98	\$20.99	\$41.98	\$20.99	\$0.00	\$0.00
EMPLOYEE & SPOUSE	\$2,171.54	\$1,085.77	\$2,084.66	\$1,042.33	\$86.88	\$43.44	\$86.88	\$43.44	\$0.00	\$0.00
EMPLOYEE & CHILD(REN)	\$1,595.46	\$797.73	\$1,531.64	\$765.82	\$63.82	\$31.91	\$63.82	\$31.91	\$0.00	\$0.00
FAMILY	\$2,714.52	\$1,357.26	\$2,605.92	\$1,302.96	\$108.60	\$54.30	\$108.60	\$54.30	\$0.00	\$0.00
<b>AETNA - HMO Plan</b>										
EMPLOYEE ONLY	\$1,095.74	\$547.87	\$1,024.50	\$512.25	\$71.24	\$35.62	\$71.24	\$35.62	\$0.00	\$0.00
EMPLOYEE & SPOUSE	\$2,310.26	\$1,155.13	\$2,160.08	\$1,080.04	\$150.18	\$75.09	\$135.00	\$67.50	\$15.18	\$7.59
EMPLOYEE & CHILD(REN)	\$1,676.20	\$838.10	\$1,567.24	\$783.62	\$108.96	\$54.48	\$108.96	\$54.48	\$0.00	\$0.00
FAMILY	\$2,882.68	\$1,441.34	\$2,695.30	\$1,347.65	\$187.38	\$93.69	\$135.00	\$67.50	\$52.38	\$26.19
<b>AETNA - CDH GOLD</b>										
EMPLOYEE ONLY	\$1,086.30	\$543.15	\$1,031.98	\$515.99	\$54.32	\$27.16	\$54.32	\$27.16	\$0.00	\$0.00
EMPLOYEE & SPOUSE	\$2,252.36	\$1,126.18	\$2,139.74	\$1,069.87	\$112.62	\$56.31	\$112.62	\$56.31	\$0.00	\$0.00
EMPLOYEE & CHILD(REN)	\$1,659.68	\$829.84	\$1,576.70	\$788.35	\$82.98	\$41.49	\$82.98	\$41.49	\$0.00	\$0.00
FAMILY	\$2,861.42	\$1,430.71	\$2,718.36	\$1,359.18	\$143.06	\$71.53	\$135.00	\$67.50	\$8.06	\$4.03

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**DENTAL & VISION**

CR Pays full cost towards the Dental premium for Fulltime Employees. Part-time employees pay full cost.				Paid By District Per Month	Paid by District Per Pay	Employee Pays Per Month	Employee Pays Per Pay
CR Pays the Full cost for the Vision premium for Fulltime Employees. Vision coverage not available to employees that work less than 30 hours per week		Per Month	Per Pay				
<b>DOMINION - DENTAL</b>							
EMPLOYEE ONLY		\$61.38	\$30.69	\$61.38	\$30.69	\$0.00	\$0.00
EMPLOYEE & SPOUSE		\$82.76	\$41.38	\$82.76	\$41.38	\$0.00	\$0.00
EMPLOYEE & CHILD(REN)		\$92.18	\$46.09	\$92.18	\$46.09	\$0.00	\$0.00
FAMILY		\$113.56	\$56.78	\$113.56	\$56.78	\$0.00	\$0.00
<b>AMERITAS VSP -VISION</b>							
EMPLOYEE ONLY		\$7.72	\$3.86	\$7.72	\$3.86	\$0.00	\$0.00
EMPLOYEE & SPOUSE		\$17.12	\$8.56	\$17.12	\$8.56	\$0.00	\$0.00
EMPLOYEE & CHILD(REN)		\$17.12	\$8.56	\$17.12	\$8.56	\$0.00	\$0.00
FAMILY		\$17.12	\$8.56	\$17.12	\$8.56	\$0.00	\$0.00