

Greene County Public Schools
 Monthly Medical Plan Rates 2024-2025
 Effective October 1, 2024



Comprehensive Dental					
Plan	Employer	Employee	Total	HSA If applicable Employer Paid	Hospital Indemnity Employee Only If Applicable – Employer Paid
Key Advantage 500 Employee Only	\$768.50	\$37.50	\$806.00	N/A	N/A
Key Advantage 500 Employee plus one	\$1,117.00	\$375.00	\$1,492.00	N/A	N/A
Key Advantage 500 Family	\$1,562.00	\$615.00	\$2,177.00	N/A	N/A
Key Advantage 1000 Employee Only	\$756.66	\$8.34	\$765.00	N/A	N/A
Key Advantage 1000 Employee plus one	\$1,095.16	\$320.84	\$1,416.00	N/A	N/A
Key Advantage 1000 Family	\$1,482.00	\$584.00	\$2,066.00	N/A	N/A
High Deductible Health Plan – Employee Only	\$622.66	\$8.34	\$631.00	\$124.52	\$9.48
High Deductible Health Plan – Employee plus one	\$936.83	\$229.17	\$1,166.00	N/A	\$9.48
High Deductible Health Plan – Family	\$1,221.90	\$481.10	\$1,703.00	N/A	\$ 9.48

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Preventive Dental					
Plan	Employer	Employee	Total	HSA If applicable Employer Paid	Hospital Indemnity Employee Only If Applicable – Employer Paid
Key Advantage 500 Employee Only	\$750.16	\$35.84	\$786.00	N/A	N/A
Key Advantage 500 Employee plus one	\$1,087.16	\$365.84	\$1,453.00	N/A	N/A
Key Advantage 500 Family	\$1,521.58	\$599.42	\$2,121.00	N/A	N/A
Key Advantage 1000 Employee Only	\$736.66	\$8.34	\$745.00	N/A	N/A
Key Advantage 1000 Employee plus one	\$1,065.50	\$312.50	\$1,378.00	N/A	N/A
Key Advantage 1000 Family	\$1,441.86	\$568.14	\$2,010.00	N/A	N/A
High Deductible Health Plan – Employee Only	\$601.66	\$8.34	\$610.00	\$125.52	\$9.48
High Deductible Health Plan – Employee plus one	\$906.50	\$222.5	\$1,129.00	N/A	\$9.48
High Deductible Health Plan – Family	\$1,181.54	\$465.46	\$1,647.00	N/A	\$9.48