

**INSURANCE RATES FOR TEACHERS  
EFFECTIVE 10/1/2024 - 9/30/2025**

BENEFIT	MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY DEDUCTION
.81% through Full time Health - Single	\$895.75	\$615.00	\$280.75
.81% through Full time Health - Family	\$2,052.41	\$1,090.95	\$961.46
.61% through .80% Health - Single	\$895.75	\$492.00	\$403.75
.61% through .80% Health - Family	\$2,052.41	\$872.76	\$1,179.65
.50% through .60% Health - Single	\$895.75	\$369.00	\$526.75
.50% through .60% Health - Family	\$2,052.41	\$654.57	\$1,397.84
Employee Married to Employee	\$895.75	2 singles paid in full	\$0.00
Employee Married to Employee	\$2,052.41	or 1 family paid in full	\$0.00
.81% through Full time Dental - Single	\$32.93	FULL	\$0.00
.81% through Full time Dental - Family	\$94.70	\$70.25	\$24.45
.61% through .80% Dental - Single	\$32.93	\$26.34	\$6.59
.61% through .80% Dental - Family	\$94.70	\$56.20	\$38.50
.50% through .60% Dental - Single	\$32.93	\$19.76	\$13.17
.50% through .60% Dental - Family	\$94.70	\$42.15	\$52.55
Vision - Single (Eye Med Plan)	\$8.64	\$0.00	\$8.64
Vision - Family (Eye Med Plan)	\$21.60	\$0.00	\$21.60
Vision - Single (VSP Plan)	\$9.00	\$0.00	\$9.00
Vision - Family (VSP Plan)	\$22.52	\$0.00	\$22.52





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