

**INSURANCE RATES FOR ALL EMPLOYEES**  
**Bus Drivers, Clerical, Custodian, Interpreters, LPN, Non-Rep Exempt,**  
**Hourly Non-Rep, Nutritional Services, Paraprofessionals,**  
**Executive Director, Superintendents**  
**(Except Teacher, SCPA & SCAA)**  
**EFFECTIVE 10/1/2024 - 9/30/2025**

<b>BENEFIT</b>	<b>MONTHLY PREMIUM</b>	<b>DISTRICT MONTHLY CONTRIBUTION</b>	<b>EMPLOYEE MONTHLY DEDUCTION</b>
<b>Health - Single</b>	\$895.75	\$615.00	\$280.75
<b>Health - Family</b>	\$2,052.41	\$1,090.95	\$961.46
<b>Employee Married to Employee</b>	\$895.75	2 singles paid in full	\$0.00
<b>Employee Married to Employee</b>	\$2,052.41	or 1 family paid in full	\$0.00
<b>Dental - Single</b>	\$32.93	\$23.85	\$9.08
<b>Dental - Family</b>	\$94.70	\$66.70	\$28.00
<b>Vision - Single (Eye Med Plan)</b>	\$8.64	\$0.00	\$8.64
<b>Vision - Family (Eye Med Plan)</b>	\$21.60	\$0.00	\$21.60
<b>Vision - Single (VSP Plan)</b>	\$9.00	\$0.00	\$9.00
<b>Vision - Family (VSP Plan)</b>	\$22.52	\$0.00	\$22.52

**NOTES:**

If you are a school year (10 month) employee, your September through August premiums will be deducted from September 30th through May 31st at a prorated rate.





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