

2025 Insurance Premiums

COBRA Participants *OR* Direct-Billed Retirees Monthly Premiums

	Family Coverage				Single Coverage	
	COBRA Participants "OR" Retiree Family (Not Medicare Eligible) Monthly Premium	Retiree: Couple ONE on Medicare Monthly Premium	Retiree: Couple (TWO on Medicare) Monthly Premium	Retiree Family With Least One Medicare Eligible	COBRA Participants "OR" Retiree Single Monthly Premium	Retiree on Medicare Monthly Premium
Dean HMO	\$2,058.98	\$1,612.46	\$1,571.11	\$1,612.46	\$826.90	\$785.56
Dean POS	\$2,351.85	\$1,841.81	\$1,794.59	\$1,841.81	\$944.52	\$897.29
Dean PPO	\$2,351.85	\$1,841.81	\$1,794.59	\$1,841.81	\$944.52	\$897.29
GHC HMO	\$1,941.02	\$1,395.27	\$1,282.14	\$1,827.89	\$754.20	\$641.07
GHC PPO	\$2,620.85	\$1,883.61	\$1,730.89	\$2,468.12	\$1,018.17	\$865.44

	Family Coverage	Single Coverage
	Monthly Premium	Monthly Premium
Delta Dental PPO (Premier)	\$158.86	\$56.87
Delta Dental EPO Exclusive (Preferred)	\$125.73	\$42.14

Single	\$8.69
Employee & Spouse	\$17.36
Employee & Child(ren)	\$17.73
Family	\$26.42

NOTE: Rates shown above are monthly premiums effective through December 31st.

COBRA Participants: There is a 2% administrative fee for Dental and Vision Coverage.

Please direct all benefits-related questions to:



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