

2025 Insurance Premiums

FTE: 100%
1.0
Note: Teachers hired BEFORE 07/01/2019: .76-1.0 FTE are classified as 100%
 Teachers hired AFTER 07/01/2019: .80-1.0 FTE are classified as 100%
 All other employees, please refer to your handbooks for FTE Calculation.

		Family Coverage				Single Coverage			
		Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll
Health Insurance	Dean HMO	\$2,058.98	\$1,746.92	\$312.06	\$156.03	\$826.90	\$678.78	\$148.12	\$74.06
	Dean POS	\$2,351.85	\$1,746.92	\$604.93	\$302.47	\$944.52	\$678.78	\$265.74	\$132.87
	Dean PPO	\$2,351.85	\$1,746.92	\$604.93	\$302.47	\$944.52	\$678.78	\$265.74	\$132.87
	GHC HMO	\$1,941.02	\$1,746.92	\$194.10	\$97.05	\$754.20	\$678.78	\$75.42	\$37.71
	GHC PPO	\$2,620.85	\$1,746.92	\$873.93	\$436.97	\$1,018.17	\$678.78	\$339.39	\$169.70

		Family Coverage				Single Coverage			
		Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll	Monthly Premium	District Paid	Employee Monthly Premium	Employee Premium/Payroll
Dental Insurance	Delta Dental PPO (Premier)	\$158.86	\$127.09	\$31.77	\$15.89	\$56.87	\$56.87	\$0.00	\$0.00
	Delta Dental EPO Exclusive (Preferred)	\$125.73	\$113.16	\$12.57	\$6.29	\$42.14	\$42.14	\$0.00	\$0.00

Vision Insurance	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.
 Maximum employer contribution is up to 90% of the lowest cost health plans.



Please direct all benefits-related questions to:

	<p>Amy Czaptewski Benefits Specialist Monona Grove School District 5301 Monona Drive Monona, WI 53716 D: (608) 316-1901 F: (608) 221-7688</p>
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