

## INSURANCE RATES EFFECTIVE JANUARY 1, 2025

*Single or Family Coverage for Medical, Dental and Vision Plans*

Traditional PPO Health Plan										
PPO Medical	COST OF INSURANCE		CERTIFIED STAFF			ADMIN/ATWILL STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	13,892.16	1,157.68	1,099.80	57.88	28.94	1,099.80	1,319.76	57.88	28.94	34.73
FAMILY	33,781.44	2,815.12	2,260.00	555.12	277.56	2,260.00	2,712.00	555.12	277.56	333.07

*New High Deductible Health Plan (HSA)										
HDHP Medical	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	9,626.16	802.18	762.07	40.11	20.05	762.07	914.49	40.11	20.05	24.07
FAMILY	23,526.36	1,960.53	1,572.92	387.61	193.81	1,572.92	1,887.50	387.61	193.81	232.57

Dental										
Dental	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	586.56	48.88	22.77	26.11	13.05	21.63	25.96	27.25	13.63	16.36
FAMILY	1,743.60	145.30	22.77	122.53	61.26	21.63	25.96	123.67	61.84	74.20

Vision										
Vision	COST OF INSURANCE		CERTIFIED STAFF			SUPPORT STAFF				
	TOTAL ANNUAL COST	TOTAL MONTHLY COST	MONTHLY EMPLOYER COST	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	MONTHLY EMPLOYER COST	MONTHLY EMPLOYER COST 10 MTHS	MONTHLY EMPLOYEE COST	DED OVER 24 PAYS	DED OVER 20 PAYS
SINGLE	88.32	7.36	7.36	0.00	0.00	7.36	8.83	0.00	0.00	0.00
FAMILY	225.12	18.76	18.76	0.00	0.00	18.76	22.51	0.00	0.00	0.00

High Deductible (HAS)

COBRA RATES	PER MONTH
MEDICAL:	
SINGLE	818.22
FAMILY	1,999.74

Traditional PPO

COBRA RATES	PER MONTH
MEDICAL:	
SINGLE	1,180.83
FAMILY	2,871.42

High Deductible (HSA)

RETIREE RATES	PER MONTH
MEDICAL:	
SINGLE	802.18
FAMILY	1,960.53

Traditional PPO

RETIREE RATES	PER MONTH
MEDICAL:	
SINGLE	1,157.68
FAMILY	2,815.12

DENTAL:	
SINGLE:	49.86
FAMILY	148.21

DENTAL:	
SINGLE:	48.88
FAMILY	145.30

VISION:	
SINGLE	7.51
FAMILY	19.14

VISION:*	
SINGLE	7.36
FAMILY	18.76

\*Includes 2% COBRA Administrative Fees