

HAZELWOOD SCHOOL DISTRICT
Monthly Premiums for Group Health Plans
2024-2025 Active Monthly RATES

MEDICAL - BOARD PAYS EMPLOYEE \$2,000 CORRIDOR PLAN					
ANTHEM BC/BS	Employee only	Add Spouse	Add Children	Add Family	
\$1,000 Premium Corridor Plan (Buy-up Plan)	\$1,000.00	\$781.00	\$549.00	\$1,149.00	
\$2,000 Premium Corridor Plan (Board Paid)	\$910.00	\$709.00	\$499.00	\$1,045.00	
\$2,500 Standard Corridor Plan (Buy-Down Plan)	\$841.00	\$587.00	\$392.00	\$897.00	

DENTAL - BOARD PAYS EMPLOYEE PREMIUM FOR EITHER STANDARD OR ENHANCED PLAN					
DELTA DENTAL OF MO	Employee only	Add Spouse	Add Children	Add Family	
Delta Dental Option 1 (Enhanced/High Plan)	\$32.62	\$38.56	\$40.94	\$79.48	
Delta Dental Option 2 (Standard/Low Plan)	\$25.54	\$14.50	\$27.68	\$49.22	

VISION PLAN - BOARD PAYS EMPLOYEE PREMIUM					
ANTHEM BLUE VIEW VISION	Employee only	Add Spouse	Add Children	Add Family	
Vision - (Board Paid Employee only)	\$4.38	\$5.20	\$6.88	\$10.92	

Lincoln Financial Group (LFG) LIFE INSURANCE	Supplemental Life		Child(ren) Life		
Supplemental Life rates are age rated		Rate per \$1,000	Rate per \$1,000 regardless # of Children		
Log onto online enrollment system for detailed rates	Employee Spouse	Age Rated	Basic Life AD&D	\$0.115 \$0.020	

NOTE: Currently enrolled EEs with no Open Enrollment election will be mapped over to the \$2K Premium Plan