GCIC / BenefitSolver Rates Effective 7/1/24

Medical	Percent	tages	Single (Employee Only)				Family Coverage							
OAPSE EMPLOYEES	% Paid by Employee	% Paid by Board	EE Per Pay Single	BD Per pay Single	EE Single Monthly	BD Single Monthly	Single Monthly Premium	PR Item#	EE Per pay Family	BD Per pay Family	EE Family Monthly	BD Family Monthly	Family Monthly Premium	PR Item#
Full Time = Greater than 30 hrs	15%	85%	53.19	301.38	106.37	602.77	709.14	540	131.90	747.40	263.79	1,494.81	1,758.60	541
Less than 30 hours to 25 hrs	20%	80%	70.91	283.66	141.83	567.31	709.14	544	175.86	703.44	351.72	1,406.88	1,758.60	545
Less than 25 hours to 20 hrs	37.5%	62.5%	132.96	221.61	265.93	443.21	709.14	548	329.74	549.56	659.48	1,099.13	1,758.60	549
15 to less than 20 (PT floating drivers only)	50%	50%	177.29	177.29	354.57	354.57	709.14	552	439.65	439.65	879.30	879.30	1,758.60	553
Both Spouses District Employees	10%	90%	35.46	319.11	70.91	638.23	709.14		87.93	791.37	175.86	1,582.74	1,758.60	543
LEA EMPLOYEES	% Paid by Employee	% Paid by Board	Per pay Single	Per pay Single	Single Monthly	Single Monthly	Single Monthly Premium	PR Item#	Per pay Family	Per pay Family	Family Monthly	Family Monthly	Family Monthly Premium	PR Item #
Full Time	15%	85%	53.19	301.38	106.37	602.77	709.14	540	131.90	747.41	263.79	1,494.81	1,758.60	541
.80 TIME	20%	80%	70.91	283.66	141.83	567.31	709.14	544	175.86	703.44	351.72	1,406.88	1,758.60	545
.70 TIME	30%	70%	106.37	248.20	212.74	496.40	709.14	546	263.79	615.51	527.58	1,231.02	1,758.60	547
.60 TIME	40%	60%	141.83	212.74	283.66	425.48	709.14	550	351.72	527.58	703.44	1,055.16	1,758.60	551
.50 TIME	50%	50%	177.29	177.29	354.57	354.57	709.14	552	439.65	439.65	879.30	879.30	1,758.60	553
Both Spouses District Employees	10%	90%	35.46	319.11	70.91	638.23	709.14		87.93	791.37	175.86	1,582.74	1,758.60	543
							\$ 283.66						\$ 703.44	
	% Paid by	% Paid by	Per pay	Per pay	Single	Single	Single Monthly	55 11 11	Per pay	Per pay	Family	Family	Family Monthly	DD 11
ADMIN & EXEMPT EMPLOYEES	Employee	Board	Single	Single	Monthly	Monthly	Premium	PR Item #	Family	Family	Monthly	Monthly	Premium	PR Item #
Full Time	15%	85%	53.19	301.38	106.37	602.77	709.14	540	131.90	747.41	263.79	1,494.81	1,758.60	541
Both Spouses District Employees	10%	90%	35.46	319.11	70.91	638.23	709.14	542	87.93	791.37	175.86	1,582.74	1,758.60	543

	Single Per	Single	Family	Family
Vision	Pay	Montlhly	Per Pay	Monthly
Employee Paid Only	2.12	4.23	5.47	10.94

	Monthly	
Dental	premium	
Board Paid Only	80.00	