INSURANCE RATES FOR TEACHERS
EFFECTIVE 10/1/2024 - 9/30/2025

HEALTH PARTNERS DEDUCTIBLE PLAN WITH AN HRA
SINGLE: $3,500 DEDUCTIBLE WITH A $1,000 HRA
FAMILY: $7,000 DEDUCTIBLE WITH A $2,000 HRA
EME: $1,500 HRA each for 2 singles or $3,000 HRA for Family

BENEFIT	MONTHLY PREMIUM	DISTRICT MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY DEDUCTION	EMPLOYEE PER PAY PERIOD DEDUCTION
.85% through Full time Health - Single	$895.75	$615.00	$280.75	$140.38
.85% through Full time Health - Family	$2,052.41	$1,090.95	$961.46	$480.73
.65% through .80% Health - Single	$895.75	$492.00	$403.75	$201.88
.65% through .80% Health - Family	$2,052.41	$872.76	$1,179.65	$589.83
.50% through .60% Health - Single	$895.75	$369.00	$526.75	$263.38
.50% through .60% Health - Family	$2,052.41	$654.57	$1,397.84	$698.92
Employee Married to Employee	$895.75	2 singles paid in full	$0.00	$0.00
Employee Married to Employee	$2,052.41	or 1 family paid in full	$0.00	$0.00
.85% through Full time Dental - Single	$32.93	FULL	$0.00	$0.00
.85% through Full time Dental - Family	$94.70	$70.25	$24.45	$12.23
.65% through .80% Dental - Single	$32.93	$26.34	$6.59	$3.30
.65% through .80% Dental - Family	$94.70	$56.20	$38.50	$19.25
.50% through .60% Dental - Single	$32.93	$19.76	$13.17	$6.59
.50% through .60% Dental - Family	$94.70	$42.15	$52.55	$26.28
Vision - Single (Eye Med Plan)	$8.64	$0.00	$8.64	$4.32
Vision - Family (Eye Med Plan)	$21.60	$0.00	$21.60	$10.80
Vision - Single (VSP Plan)	$9.00	$0.00	$9.00	$4.50
Vision - Family (VSP Plan)	$22.52	$0.00	$22.52	$11.26