

GCIC / BenefitSolver Rates Effective 7/1/25

Medical		Percentages		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%	55.58	314.95	111.16	629.90	741.06	540	137.83	781.04	275.66	1,562.08	1,837.74	541
Less than 30 hours to 25 hrs		20%	80%	74.11	296.42	148.21	592.85	741.06	544	183.77	735.10	367.55	1,470.19	1,837.74	545
Less than 25 hours to 20 hrs		37.5%	62.5%	138.95	231.58	277.90	463.16	741.06	548	344.58	574.29	689.15	1,148.59	1,837.74	549
15 to less than 20 (PT floating drivers only)		50%	50%	185.27	185.27	370.53	370.53	741.06	552	459.44	459.44	918.87	918.87	1,837.74	553
Both Spouses District Employees		10%	90%							91.89	826.98	183.77	1,653.97	1,837.74	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%	55.58	314.95	111.16	629.90	741.06	540	137.83	781.04	275.66	1,562.08	1,837.74	541
.80 TIME		20%	80%	74.11	296.42	148.21	592.85	741.06	544	183.77	735.10	367.55	1,470.19	1,837.74	545
.70 TIME		30%	70%	111.16	259.37	222.32	518.74	741.06	546	275.66	643.21	551.32	1,286.42	1,837.74	547
.60 TIME		40%	60%	148.21	222.32	296.42	444.64	741.06	550	367.55	551.32	735.10	1,102.64	1,837.74	551
.50 TIME		50%	50%	185.27	185.27	370.53	370.53	741.06	552	459.44	459.44	918.87	918.87	1,837.74	553
Both Spouses District Employees		10%	90%							91.89	826.98	183.77	1,653.97	1,837.74	543
ADMIN & EXEMPT 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%	55.58	314.95	111.16	629.90	741.06	540	137.83	781.04	275.66	1,562.08	1,837.74	541
Both Spouses District Employees		10%	90%	37.05	333.48	74.11	666.95	741.06	542	91.89	826.98	183.77	1,653.97	1,837.74	543
Vision															566
Employee Paid Only		100%		2.12				4.23		\$ 5.47				10.94	567
Dental															
Board Paid Only			100%											80	560

Loveland City Schools
 Medical Insurance Rate Comparison 24/25 and 25/26

New Rates effective June 5, 2025 Payroll

	<u>Amount each pay period</u>			<u>Per Pay Increase</u>
		<u>24/25</u>	<u>25/26</u>	
<u>All Full Time Employees</u>				
	Single	53.19	55.58	2.39
	Family	131.90	137.83	5.94
<u>OAPSE</u>				
25-29 hours per week	Single	70.91	74.11	3.19
	Family	175.86	183.77	7.91
20-24 hours per week	Single	132.96	138.95	5.98
	Family	329.74	344.58	14.84
<u>LEA % Employees</u>				
.5 FTE	Single	177.29	185.27	7.98
	Family	177.29	185.27	7.98
.6 FTE	Single	141.83	148.21	6.38
	Family	351.72	367.55	15.83
.7 FTE	Single	106.37	111.16	4.79
	Family	263.79	275.66	11.87
.8 FTE	Single	70.91	74.11	3.19
	Family	175.86	183.77	7.91
<u>Both Spouses Employed by District</u>				
	Family	87.93	91.89	3.96