

2025



CERTIFIED/CLASSIFIED EMPLOYEE MONTHLY RATES

MEDICAL - CIGNA

	Plan	Premium	District Amount	Employee Amount
Employee Only	OAP 2500	\$804.97	\$542.34	\$262.63
Employee Only	OAP 1250	\$886.20	\$542.34	\$343.86
Employee Only	OAP 500	\$896.90	\$542.34	\$354.56
Employee Only	OAP Buy Up	\$888.08	\$542.34	\$345.74
Employee Only	HDHP	\$645.57	\$542.34	\$103.23
	Plan	Premium	District Amount	Employee Amount
Employee + Spouse	OAP 2500	\$1,854.83	\$674.41	\$1,180.42
Employee + Spouse	OAP 1250	\$1,863.94	\$674.41	\$1,189.53
Employee + Spouse	OAP 500	\$1,886.49	\$674.41	\$1,212.08
Employee + Spouse	OAP Buy Up	\$1,867.86	\$674.41	\$1,193.45
Employee + Spouse	HDHP	\$1,366.56	\$674.41	\$692.15
	Plan	Premium	District Amount	Employee Amount
Employee + Child(ren)	OAP 2500	\$1,733.69	\$674.41	\$1,059.28
Employee + Child(ren)	OAP 1250	\$1,686.17	\$674.41	\$1,011.76
Employee + Child(ren)	OAP 500	\$1,706.57	\$674.41	\$1,032.16
Employee + Child(ren)	OAP Buy Up	\$1,689.70	\$674.41	\$1,015.29
Employee + Child(ren)	HDHP	\$1,235.47	\$674.41	\$561.06
	Plan	Premium	District Amount	Employee Amount
Employee + Family	OAP 2500	\$2,016.35	\$674.41	\$1,341.94
Employee + Family	OAP 1250	\$2,219.49	\$674.41	\$1,545.08
Employee + Family	OAP 500	\$2,246.35	\$674.41	\$1,571.94
Employee + Family	OAP Buy Up	\$2,224.14	\$674.41	\$1,549.73
Employee + Family	HDHP	\$1,956.45	\$674.41	\$1,282.04

DENTAL - DELTA

	Plan	Premium	District Amount	Employee Amount
Employee Only	Delta Dental	\$26.00	\$22.30	\$3.70
Employee + Family	Delta Dental	\$80.20	\$22.30	\$57.90

VISION - VSP

	Plan	Premium	District Amount	Employee Amount
Employee Only	VSP	\$6.65	\$0.00	\$6.65
Employee + Family	VSP	\$18.35	\$0.00	\$18.35

2025



4 DAY CLASSIFIED EMPLOYEE MONTHLY RATES

(PARAPROFESSIONAL, INSTRUCTIONAL AIDES, FOOD SERVICE)

MEDICAL - CIGNA

	Plan	Premium	District Amount	Employee Amount
Employee Only	OAP 2500	\$804.97	\$572.12	\$232.85
Employee Only	OAP 1250	\$886.20	\$572.12	\$314.08
Employee Only	OAP 500	\$896.90	\$572.12	\$324.78
Employee Only	OAP Buy Up	\$888.08	\$572.12	\$315.96
Employee Only	HDHP	\$645.57	\$572.12	\$73.45
	Plan	Premium	District Amount	Employee Amount
Employee + Spouse	OAP 2500	\$1,854.83	\$748.84	\$1,105.99
Employee + Spouse	OAP 1250	\$1,863.94	\$748.84	\$1,115.10
Employee + Spouse	OAP 500	\$1,886.49	\$748.84	\$1,137.65
Employee + Spouse	OAP Buy Up	\$1,867.86	\$748.84	\$1,119.02
Employee + Spouse	HDHP	\$1,366.56	\$748.84	\$617.72
	Plan	Premium	District Amount	Employee Amount
Employee + Child(ren)	OAP 2500	\$1,733.69	\$748.84	\$984.85
Employee + Child(ren)	OAP 1250	\$1,686.17	\$748.84	\$937.33
Employee + Child(ren)	OAP 500	\$1,706.57	\$748.84	\$957.73
Employee + Child(ren)	OAP Buy Up	\$1,689.70	\$748.84	\$940.86
Employee + Child(ren)	HDHP	\$1,235.47	\$748.84	\$486.63
	Plan	Premium	District Amount	Employee Amount
Employee + Family	OAP 2500	\$2,016.35	\$748.84	\$1,267.51
Employee + Family	OAP 1250	\$2,219.49	\$748.84	\$1,470.65
Employee + Family	OAP 500	\$2,246.35	\$748.84	\$1,497.51
Employee + Family	OAP Buy Up	\$2,224.14	\$748.84	\$1,475.30
Employee + Family	HDHP	\$1,956.45	\$748.84	\$1,207.61

DENTAL - DELTA

	Plan	Premium	District Amount	Employee Amount
Employee Only	Delta Dental	\$26.00	\$22.30	\$3.70
Employee + Family	Delta Dental	\$80.20	\$22.30	\$57.90

VISION - VSP

	Plan	Premium	District Amount	Employee Amount
Employee Only	VSP	\$6.65	\$0.00	\$6.65
Employee + Family	VSP	\$18.35	\$0.00	\$18.35