

2025 Benefit Premium Rates

Columbia Public School District

Biweekly Paid Employees: If you work 12 months, premiums are deducted 24 times per year.

If you work 9,10, or 11 months, premiums are deducted 18 times per year

Basic (PPO) Plan - Medical UMR				
	Monthly	24 Biweekly	18 Biweekly	
Full-time employee (District Paid)	\$ 663.00	\$ 331.50	\$ 442.00	
Part-time employee (30-34 hours. Employee Paid)	\$ 93.00	\$ 46.50	\$ 62.00	
Spouse/Domestic Partner	\$ 663.00	\$ 331.50	\$ 442.00	
One Child	\$ 299.00	\$ 149.50	\$ 199.34	
Children (2+)	\$ 518.00	\$ 259.00	\$ 345.34	
Spouse/Domestic Partner and One Child	\$ 962.00	\$ 481.00	\$ 641.34	
Spouse/Domestic Partner and Children	\$ 1,181.00	\$ 590.50	\$ 787.34	
Plus (HDHP) Plan - Medical UMR				
	Monthly	24 Biweekly	18 Biweekly	
Full-time employee (District -Paid)	\$ 607.00	\$ 303.50	\$ 404.67	
Part-time employee (30-34 hours. Employee Paid)	\$ 85.00	\$ 42.50	\$ 56.67	
Spouse/Domestic Partner	\$ 607.00	\$ 303.50	\$ 404.67	
One Child	\$ 274.00	\$ 137.00	\$ 182.67	
Children (2+)	\$ 474.00	\$ 237.00	\$ 316.00	
Spouse/Domestic Partner and One Child	\$ 881.00	\$ 440.50	\$ 587.34	
Spouse/Domestic Partner and Children	\$ 1,081.00	\$ 540.50	\$ 720.67	
Co-Pay Plan - Medical UMR				
	Monthly	24 Biweekly	18 Biweekly	
Full-time employee (District -Paid)	\$ 626.00	\$ 313.00	\$ 417.33	
Part-time employee (30-34 hours. Employee Paid)	\$ 87.00	\$ 43.50	\$ 58.00	
Spouse/Domestic Partner	\$ 626.00	\$ 313.00	\$ 417.33	
One Child	\$ 282.00	\$ 141.00	\$ 188.00	
Children (2+)	\$ 489.00	\$ 244.50	\$ 326.00	
Spouse/Domestic Partner and One Child	\$ 908.00	\$ 454.00	\$ 605.33	
Spouse/Domestic Partner and Children	\$ 1,114.00	\$ 557.00	\$ 742.66	

Dental - Delta Dental				
	Monthly	24 Biweekly	18 Biweekly	
Full-time* employee only (District Paid)	\$ 31.00	\$ 15.50	\$ 20.67	
Part-time employee (30-34 hours)	\$ 4.34	\$ 2.17	\$ 2.90	
Spouse/Domestic Partner	\$ 31.00	\$ 15.50	\$ 20.67	
Child(ren)	\$ 49.00	\$ 24.50	\$ 32.67	
Family (Spouse/DP and Child(ren))	\$ 80.00	\$ 40.00	\$ 53.34	

Life - New York Life				
	Monthly	24 Biweekly	18 Biweekly	
\$25,000 Full-time employee (District Paid)	\$ 2.50	\$ 1.25	\$ 1.67	

\$25,000 Part-time employee (20-34 hours)	\$	1.00	\$	0.50	\$	0.67
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2025 Voluntary Benefits

Biweekly Paid Employees: If you work 12 months, premiums are deducted 24 times per year.

If you work 9,10, or 11 months, premiums are deducted 18 times per year

Vision - Eyemed						
		Monthly		24 Biweekly		18 Biweekly
Employee	\$	6.24	\$	3.12	\$	4.16
Employee + Spouse/DP	\$	12.49	\$	6.24	\$	8.33
Employee + Child(ren)	\$	19.97	\$	9.98	\$	13.31
Employee + Spouse/DP + Child(ren)	\$	23.12	\$	11.56	\$	15.41

Accident - Hartford (Mid Plan)						
		Monthly		24 Biweekly		18 Biweekly
Employee	\$	7.98	\$	3.99	\$	5.32
Employee + Spouse/DP	\$	12.56	\$	6.28	\$	8.37
Employee + Child(ren)	\$	13.67	\$	6.84	\$	9.11
Employee + Family	\$	21.37	\$	10.69	\$	14.25

Accident - Hartford (High Plan)						
		Monthly		24 Biweekly		18 Biweekly
Employee	\$	11.07	\$	5.54	\$	7.38
Employee + Spouse/DP	\$	17.44	\$	8.72	\$	11.63
Employee + Child(ren)	\$	18.87	\$	9.44	\$	12.58
Employee + Family	\$	29.53	\$	14.77	\$	19.69

Hospital Indemnity - Hartford (Mid Plan)						
		Monthly		24 Biweekly		18 Biweekly
Employee	\$	14.48	\$	7.24	\$	9.65
Employee + Spouse/DP	\$	27.21	\$	13.61	\$	18.14
Employee + Child(ren)	\$	27.53	\$	13.77	\$	18.35
Employee + Family	\$	42.41	\$	21.21	\$	28.27

Hospital Indemnity - Hartford (High Plan)						
		Monthly		24 Biweekly		18 Biweekly
Employee	\$	25.51	\$	12.76	\$	17.01
Employee + Spouse/DP	\$	47.82	\$	23.91	\$	31.88
Employee + Child(ren)	\$	48.03	\$	24.02	\$	32.02
Employee + Family	\$	74.07	\$	37.04	\$	49.38

Supplemental Life - New York Life						
		Employee Cost per \$10,000 unit		Spouse Cost per \$5000 Unit. based on employee age)		(SP rate
Age						
0-29	\$	0.35	\$			0.18
30-34	\$	0.45	\$			0.23
35-39	\$	0.54	\$			0.27
40-44	\$	0.73	\$			0.37
45-49	\$	1.04	\$			0.52
50-54	\$	1.59	\$			0.80
55-59	\$	2.92	\$			1.46
60-64	\$	4.98	\$			2.49
65-99	\$	10.36	\$			5.18

Child cost per \$1000 unit = \$0.148 (\$10,000 maximum per child)

To figure 12 Month Biweekly Deduction, take the rate based on age x number of units x 12 then / by 24.

To figure 9,10,11 Month Biweekly Deduction, take the rate based on age x number of units x 12 then / by 18.