



# Cost of Coverage

September 1, 2024 – August 31, 2025

Amounts listed are deducted for **10 months** unless stated otherwise.

## MEDICAL

SELECT HEALTH <i>Value or Med Network</i>	HDHP SINGLE (HSA)	HDHP 2-PARTY (HSA)	HDHP FAMILY (HSA)	PPO SINGLE (Traditional)	PPO 2 PARTY (Traditional)	PPO FAMILY (Traditional)
<b>TEACHER FTE ADMINISTRATOR</b>	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of
<b>50%</b>	\$38.10	\$938.11	1,354.97	46.46	988.12	1,427.17
<b>60%</b>	\$38.10	\$767.56	1,108.61	46.46	811.30	1,382.05
<b>70%</b>	\$38.10	\$596.99	862.25	46.46	634.48	916.40
<b>75%</b>	\$38.10	\$511.70	739.07	46.46	546.07	788.71
<b>80%</b>	\$38.10	\$426.42	615.90	46.46	457.67	661.02
<b>90%</b>	\$38.10	\$255.85	369.54	46.46	280.85	405.64
<b>100%</b>	\$38.10	\$85.28	123.18	46.46	104.03	150.25
100% and on salary Step 28 or higher	\$288.10	\$335.28	373.18	296.46	354.03	400.25
<b>CLASSIFIED Hours worked per week</b>	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of	Employee pays 10 Deductions of
<b>25*</b>	\$38.10	\$572.59	827.03	46.46	609.19	879.89
<b>27.5*</b>	\$38.10	\$450.80	651.12	46.46	482.95	697.55
<b>30</b>	\$38.10	\$329.03	475.22	46.46	356.70	515.20
<b>32.5</b>	\$38.10	\$207.07	299.08	46.46	230.28	332.60
<b>35-40</b>	\$38.10	\$85.28	123.18	46.46	104.03	150.25

\* Regular Route Classified School Bus Drivers working an average of 25-29.9 hours per week, eligible for state reimbursement

## DENTAL

SAMERA HEALTH	Copay Plan SINGLE	Copay Plan 2 PARTY	Copay Plan FAMILY	PPO- Plan SINGLE	PPO- Plan 2 PARTY	PPO- Plan FAMILY
Employee pays	22.92	45.84	79.08	37.80	75.48	130.32

## VISION

EMI HEALTH	VSP100 SINGLE	VSP100 2 PARTY	VSP100 FAMILY	VSP130 SINGLE	VSP130 2 PARTY	VSP130 FAMILY
Employee pays	4.56	9.00	14.28	5.52	10.56	16.80