

2024-2025 INSURANCE PREMIUM RATES

PLAN YEAR: JULY 1 - JUNE 30

DEDUCTIBLE YEAR: JAN 1 - DEC 31

HEALTH INSURANCE

Kaiser	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	649.00	649.00	0.00
Employee & Spouse	1331.00	672.00	659.00
Employee & Child(ren)	1122.00	672.00	450.00
Family	1667.00	672.00	995.00

PPO6	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	672.00	672.00	0.00
Employee & Spouse	1379.00	672.00	707.00
Employee & Child(ren)	1161.00	672.00	489.00
Family	1724.00	672.00	1052.00

PPO7	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	630.00	630.00	0.00
Employee & Spouse	1296.00	672.00	624.00
Employee & Child(ren)	1091.00	672.00	419.00
Family	1620.00	672.00	948.00

HRP:
275.00

DENTAL INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	42.00	42.00	0.00
Employee & Spouse	85.00	42.00	43.00
Employee & Child(ren)	123.00	42.00	81.00
Family	147.00	42.00	105.00

LIFE INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	2.80	2.80	0.00

VOLUNTARY VISION INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	9.00	0.00	9.00
Employee & Spouse	12.00	0.00	12.00
Employee & Child(ren)	11.00	0.00	11.00
Family	20.00	0.00	20.00