

# 2023-2024 Insurance Deduction Amounts

(rate increased as of 7/1/23)

Employee Only Share Per Month and Per Pay  
 Family Coverage Share Per Month and Per Pay  
 Paid One Month in Advance

## HEALTH (5.02% increased for 23/24, \$5.02 increase single/\$27.32 increase family)

	Monthly Premium	Per Pay Premium	Board/Month	Board/Pay	Total Monthly Premium
Employee Only	\$ 104.96	\$ 52.48	\$ 944.58	\$ 472.29	\$ 1049.54
Family	\$ 571.62	\$ 285.81	\$ 2286.47	\$ 1143.235	\$ 2858.09

## DENTAL (0% increased for 23/24)

	Month Premium	Per Pay Premium	Board/Month	Board/Pay	Total Month Premium
Employee Only	\$ 4.76	\$ 2.38	\$ 42.86	\$ 21.43	\$ 47.62
Family	\$ 24.21	\$ 12.105	\$ 96.81	\$ 48.405	\$ 121.02

## VISION (VSP) (0.00% increase for 23/24)

	Monthly Premium	Per Pay Premium
Employee Only	\$ 5.08	\$ 2.54
Family	\$ 11.70	\$ 5.85

## LIFE INSURANCE (PAID BY SCHOOL BOARD, AT NO COST TO EMPLOYEE)

BOARD COVERS	Board/Month	Board/Pay
\$ 40,000	\$ 3.80	\$ 1.90

Health, Dental and Life insurance are available through the South Central Ohio Insurance Consortium. Premiums are withheld from each pay check; the monthly amount is divided over two pays. We withhold the insurance one month in advance so your first two pay checks will have double deductions. You may enroll when you are first hired or during the open enrollment period of September of every calendar year (with November effective date).

The health insurance is a Preferred Provider plan; you are encouraged to see providers in the plan. Please see the Bloom-Carroll Summary of Benefits and Coverage information for more details about the health insurance.

You may choose to go to any dentist you want, there is no dental network. Please see the Bloom-Carroll Dental Benefits information for more details about the dental insurance.

Vision insurance is an employee paid option through VSP. The cost of coverage is listed on the insurance rates page. The premium is withheld from each pay. You can access [www.vsp.com](http://www.vsp.com) for find a network provider.

The Board of Education provides \$40,000 of life insurance for you while you are an employee of Bloom-Carroll Local Schools. Additional coverage can be purchased at the cost of the employee, based on age and amount requested. Please contact Cheryl Haile for rates. **Please be sure to list your beneficiaries on the enrollment form.**

Please complete the insurance enrollment form for medical, dental, and board provided life insurance. Please include all social security numbers for covered dependents and beneficiaries or the insurance company will not accept the application. You may take any combination of insurance. You are not required to take all or none. You may choose single coverage for one type and family for another.

If you are not electing medical coverage through Bloom-Carroll, you must waive the insurance on the enrollment form by providing your signature and date in the section titled Declination.

Please contact Cheryl Haile, Payroll, if you have any questions. 614-834-6707, [cheryl.haile@bloomcarroll.org](mailto:cheryl.haile@bloomcarroll.org)