

2024-2025 Insurance Deduction Amounts

(rate increased as of 7/1/24)

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

HEALTH (7% increase for 24/25, \$7.34 increase single/\$40.01 increase family)

	Monthly Premium	Per Pay Premium	Board/Month	Board/Pay	Total Monthly Premium
Employee Only	\$ 112.30	\$ 56.15	\$ 1010.71	\$ 505.36	\$ 1123.01
Family	\$ 611.63	\$ 305.82	\$ 2446.54	\$ 1223.27	\$ 3058.17

DENTAL (0% increased for 24/25)

	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 24/25)

	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