

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

The Board amount is not deducted from the employee 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	\$ 505.35/\$505.36	\$ 1123.01
Family	\$ 611.63	\$ 305.81/\$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	\$ 12.10/\$12.11	\$ 96.81	\$ 48.40/\$48.41	\$ 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