Insurance Monthly Premiums and Proration for Classified Staff 2024-2025 School Year

No proration if working 6.00 hours or more.

	Medical		Dental		Vision	
Family			\$254.32 \$103.08		\$50.18 \$20.20	
Single						
	Employee	Board	Employee	Board	Employee	Board
Share %	14%	86%	20%	80%	20%	80%
Family	\$346.11	\$2,126.07	\$50.86	\$203.46	\$10.04	\$40.14
Single	\$142.47	\$875.19	\$20.62	\$82.46	\$4.04	\$16.16

Hours	
6.00	Hours
100%	Family
	Single

Medical		Dental		Vision	
Employee	Board	Employee	Board	Employee	Board
\$346.11	\$2,126.07	\$50.86	\$203.46	\$10.04	\$40.14
\$142.47	\$875.19	\$20.62	\$82.46	\$4.04	\$16.16

Hours 5.75 Hours 95.83% Family Single

Medical		Dental		Vision	
Employee	Board	Employee	Board	Employee	Board
\$434.77	\$2,037.41	\$59.34	\$194.98	\$11.71	\$38.47
\$178.97	\$838.69	\$24.06	\$79.02	\$4.71	\$15.49

Hours 5.50 Hours 91.67% Family Single

Medical		Dental		Vision	
Employee	Board	Employee	Board	Employee	Board
\$523.21	\$1,948.97	\$67.81	\$186.51	\$13.38	\$36.80
\$215.37	\$802.29	\$27.49	\$75.59	\$5.39	\$14.81

Hours	
5.00	Hours
83.33%	Family
	Single

Medical		Dental		Vision	
Employee	Board	Employee	Board	Employee	Board
\$700.53	\$1,771.65	\$84.78	\$169.54	\$16.73	\$33.45
\$288.36	\$729.30	\$34.37	\$68.71	\$6.73	\$13.47

Hours	
4.50	Hours
75.00%	Family
	Single

Medical		Dei	Dental		Vision	
Employee	Board	Employee	Board	Employee	Board	
\$877.63	\$1,594.55	\$101.72	\$152.60	\$20.07	\$30.11	
\$361.27	\$656.39	\$41.23	\$61.85	\$8.08	\$12.12	

Hours	
4.00	Hours
66.67%	Family
	Single

Medical		Dental		Vision	
Employee	Board	Employee	Board	Employee	Board
\$1,054.73	\$1,417.45	\$118.67	\$135.65	\$23.42	\$26.76
\$434.17	\$583.49	\$48.10	\$54.98	\$9.43	\$10.77