

School districts have the option to choose the premium model that best suites their needs. The premium model can be evaluated/changed with each plan year. Districts with low decline rates may find the Pay for ALL Benefit-Eligible model more advantageous. A district with high decline rates may find the Pay for ONLY those Enrolled model better. We can assist districts in deciding which option is best for them.

**Pay for ALL Benefit-Eligible Model**

**FY2024 MONTHLY MEDICAL AND DENTAL RATES**

For the plan year that runs July 1, 2023 - June 30, 2024

**Full-time Employee (30 - 40 hours per week)**

**Employer Medical (No HSA): \$1,114.40      Employer Dental: \$31.42**

Employer Medical (HSA Single): \$1,072.74 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,031.08 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$85.00	\$263.50	\$145.56	\$235.80	\$323.52	\$434.30
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.80	\$37.80	\$36.68	\$73.02	\$62.68	\$106.82

**Part-time Employee (20 - 29.9 hours per week)**

**Employer Medical (No HSA): \$891.52      Employer Dental: \$25.14**

Employer Medical (HSA Single): \$849.86 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$808.20 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$196.50	\$609.14	\$338.80	\$545.10	\$747.88	\$1,003.96
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.46	\$43.12	\$41.84	\$83.30	\$71.50	\$121.84

**Pay for ONLY Those Enrolled Model**

**FY2024 MONTHLY MEDICAL AND DENTAL RATES**

For the plan year that runs July 1, 2023 - June 30, 2024

**Full-time Employee (30 - 40 hours per week)**

**Employer Medical (No HSA): \$1,227.22      Employer Dental: \$31.42**

Employer Medical (HSA Single): \$1,185.56 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,143.90 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$65.00	\$197.60	\$112.00	\$177.02	\$242.18	\$324.48
Traditional	\$85.00	\$263.50	\$145.56	\$235.80	\$323.52	\$434.30
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.80	\$37.80	\$36.68	\$73.02	\$62.68	\$106.82

**Part-time Employee (20 - 29.9 hours per week)**

**Employer Medical (No HSA): \$1,004.34      Employer Dental: \$25.14**

Employer Medical (HSA Single): \$962.68 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$921.02 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$150.26	\$456.80	\$258.90	\$409.22	\$559.84	\$750.10
Traditional	\$196.50	\$609.14	\$338.80	\$545.10	\$747.88	\$1,003.96
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.46	\$43.12	\$41.84	\$83.30	\$71.50	\$121.84