

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
FY2025 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 - June 30, 2025

Full-time Employee (30 - 40 hours per week)						
Employer Medical (No HSA): \$1,068.82			Employer Dental: \$14.50			
<i>Employer Medical (HSA Single): \$1,027.16 and \$41.66 HSA Contribution</i>						
<i>Employer Medical (HSA Family): \$985.50 and \$83.32 HSA Contribution</i>						
	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	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04

Part-time Employee (20 - 29.9 hours per week)						
Employer Medical (No HSA): \$855.06			Employer Dental: \$11.60			
<i>Employer Medical (HSA Single): \$813.40 and \$41.66 HSA Contribution</i>						
<i>Employer Medical (HSA Family): \$771.74 and \$83.32 HSA Contribution</i>						
	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	\$208.06	\$644.98	\$358.72	\$577.18	\$791.90	\$1,063.00
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.48	\$43.20	\$41.92	\$83.44	\$71.62	\$122.08

Pay for ONLY Those Enrolled Model
FY2025 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2024 - June 30, 2025

Full-time Employee (30 - 40 hours per week)						
Employer Medical (No HSA): \$1177.46			Employer Dental: \$14.50			
<i>Employer Medical (HSA Single): \$1,135.80 and \$41.66 HSA Contribution</i>						
<i>Employer Medical (HSA Family): \$1094.14 and \$83.32 HSA Contribution</i>						
	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	\$90.00	\$279.00	\$155.18	\$249.68	\$342.56	\$459.84
High Deductible	\$0.00	\$47.94	\$16.54	\$40.50	\$64.06	\$93.82
Dental	\$11.82	\$37.88	\$36.76	\$73.16	\$62.80	\$107.04

Part-time Employee (20 - 29.9 hours per week)						
Employer Medical (No HSA): \$963.70			Employer Dental: \$11.60			
<i>Employer Medical (HSA Single): \$922.04 and \$41.66 HSA Contribution</i>						
<i>Employer Medical (HSA Family): \$880.38 and \$83.32 HSA Contribution</i>						
	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	\$208.06	\$644.98	\$358.72	\$577.18	\$791.90	\$1,063.00
High Deductible	\$33.54	\$144.36	\$71.78	\$127.16	\$181.62	\$250.42
Dental	\$13.48	\$43.20	\$41.92	\$83.44	\$71.62	\$122.08