

Insurance Premiums for 2024								
Benefit Plan	Total Premium	School Board Contribution Monthly	Monthly Employee Contribution	Bi-Weekly Employee Contribution	Monthly Dual Spouse Employees	Part-time Employee Contribution Monthly	Wellness Credit Monthly	Wellness Credit Bi-Weekly
Equity 3500 + HSA								
Employee Only	\$ 1,046.34	\$ 996.34	\$ 50.00	\$ 25.00	N/A	\$ 249.27	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,265.40	\$ 1,065.83	\$ 199.57	\$ 99.79	N/A	\$ 412.74	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,429.59	\$ 1,129.71	\$ 299.88	\$ 149.94	N/A	\$ 525.82	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,570.28	\$ 1,180.65	\$ 389.63	\$ 194.82	\$ 100.40	\$ 625.76	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,719.78	\$ 1,271.92	\$ 447.86	\$ 223.93	\$ 103.41	\$ 702.24	\$ 50.00	\$ 25.00
Vantage 35								
Employee Only	\$ 1,126.31	\$ 996.34	\$ 129.97	\$ 64.99	N/A	\$ 329.24	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,400.92	\$ 1,065.83	\$ 335.09	\$ 167.55	N/A	\$ 548.26	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,605.49	\$ 1,129.71	\$ 475.78	\$ 237.89	N/A	\$ 701.72	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,769.19	\$ 1,180.65	\$ 588.54	\$ 294.27	\$ 157.35	\$ 824.67	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,942.88	\$ 1,271.92	\$ 670.96	\$ 335.48	\$ 181.59	\$ 925.34	\$ 50.00	\$ 25.00
POS 1000								
Employee Only	\$ 1,138.21	\$ 996.34	\$ 141.87	\$ 70.94	N/A	\$ 341.14	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,414.71	\$ 1,065.83	\$ 348.88	\$ 174.44	N/A	\$ 562.05	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,620.46	\$ 1,129.71	\$ 490.75	\$ 245.38	N/A	\$ 716.69	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,783.83	\$ 1,180.65	\$ 603.18	\$ 301.59	\$ 181.32	\$ 839.31	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,957.00	\$ 1,271.92	\$ 685.08	\$ 342.54	\$ 206.30	\$ 939.46	\$ 50.00	\$ 25.00
DELTA DENTAL - PPO								
Employee Only	\$ 43.81	\$ 5.00	\$ 38.81	\$ 19.41	N/A	\$ 39.81	****The Wellness credit is reflected in your paycheck each month****	
Employee + Child	\$ 77.14	\$ 5.00	\$ 72.14	\$ 36.07	N/A	\$ 73.14		
Employee + Spouse	\$ 77.14	\$ 5.00	\$ 72.14	\$ 36.07	\$ 67.14	\$ 73.14		
Employee + Family	\$ 110.29	\$ 5.00	\$ 105.29	\$ 52.65	\$ 100.29	\$ 106.29		
DELTA DENTAL - DeltaEPO								
Employee Only	\$ 36.89	\$ 5.00	\$ 31.89	\$ 15.95	N/A	\$ 32.89		
Employee + Child	\$ 62.89	\$ 5.00	\$ 57.89	\$ 28.95	N/A	\$ 58.89		
Employee + Spouse	\$ 62.89	\$ 5.00	\$ 57.89	\$ 28.95	\$ 52.89	\$ 58.89		
Employee + Family	\$ 92.14	\$ 5.00	\$ 87.14	\$ 43.57	\$ 82.14	\$ 88.14		
Vision Service Plan - Choice Basic								
Employee Only	\$ 4.70	N/A	\$ 4.70	\$ 2.35	\$ 4.70	\$ 4.70		
Employee + Child(ren)	\$ 6.53	N/A	\$ 6.53	\$ 3.27	\$ 6.53	\$ 6.53		
Employee + Spouse	\$ 8.73	N/A	\$ 8.73	\$ 4.37	\$ 8.73	\$ 8.73		
Employee + Family	\$ 10.52	N/A	\$ 10.52	\$ 5.26	\$ 10.52	\$ 10.52		
Vision Service Plan - Choice High								
Employee Only	\$ 7.47	N/A	\$ 7.47	\$ 3.74	\$ 7.47	\$ 7.47		
Employee + Child(ren)	\$ 10.39	N/A	\$ 10.39	\$ 5.20	\$ 10.39	\$ 10.39		
Employee + Spouse	\$ 13.91	N/A	\$ 13.91	\$ 6.96	\$ 13.91	\$ 13.91		
Employee + Family	\$ 16.74	N/A	\$ 16.74	\$ 8.37	\$ 16.74	\$ 16.74		
Legal Resources								
Legal Plan	\$ 20.40	N/A	20.40	10.20	\$ 20.40	20.40		
IDP Gold Employee Only	\$ 9.60	N/A	9.60	4.80	\$ 9.60	9.60		
IDP Gold Couple	\$ 18.00	N/A	18.00	9.00	\$ 18.00	18.00		
IDP Gold Family	\$ 21.60	N/A	21.60	10.80	\$ 21.60	21.60		
Premium Information - Rates effective December 2023 - 10 deductions December to November (No deductions in July and August)								