

24 - 25 Benefits Rate Sheet

Coverage	Total Monthly Rate	District Monthly Contribution	Employee Monthly Cost	Employee 20 Per Pay Period Cost
<u>MEDICAL - HDHP 1,2</u>				
Employee	\$609.27	\$609.27	\$0.00	\$0.00
Employee + Spouse	\$1,210.79	\$609.27	\$601.52	\$360.91
Employee + Children	\$1,184.15	\$609.27	\$574.88	\$344.93
Employee + Family	\$1,793.50	\$609.27	\$1,184.23	\$710.54
<u>MEDICAL - Traditional PPO Plan1,2</u>				
Employee	\$683.02	\$609.27	\$73.75	\$44.25
Employee + Spouse	\$1,366.04	\$609.27	\$756.77	\$454.06
Employee + Children	\$1,334.91	\$609.27	\$725.64	\$435.38
Employee + Family	\$2,024.48	\$609.27	\$1,415.21	\$849.13
<u>DENTAL PP0 - Delta Dental Of AZ</u>				
Employee	\$32.86	\$0.00	\$32.86	\$19.72
Employee + Spouse	\$65.72	\$0.00	\$65.72	\$39.43
Employee + Children	\$69.01	\$0.00	\$69.01	\$41.41
Employee + Family	\$98.58	\$0.00	\$98.58	\$59.15
<u>DENTAL PRE-PAID - Cigna</u>				
Employee	\$10.30	\$0.00	\$10.30	\$6.18
Employee + Spouse	\$20.37	\$0.00	\$20.37	\$12.22
Employee + Children	\$22.84	\$0.00	\$22.84	\$13.70
Employee + Family	\$25.06	\$0.00	\$25.06	\$15.04
<u>VISION - UHC Low</u>				
Employee	\$5.77	\$0.00	\$5.77	\$3.46
Employee + Spouse	\$11.54	\$0.00	\$11.54	\$6.92
Employee + Children	\$12.34	\$0.00	\$12.34	\$7.40
Employee + Family	\$19.73	\$0.00	\$19.73	\$11.84
<u>VISION - UHC High</u>				
Employee	\$12.79	\$0.00	\$12.79	\$7.67
Employee + Spouse	\$25.58	\$0.00	\$25.58	\$15.35
Employee + Children	\$27.37	\$0.00	\$27.37	\$16.42
Employee + Family	\$43.74	\$0.00	\$43.74	\$26.24
<u>LEGAL - MetLaw/Hyatt Legal</u>				
Employee + Family	\$18.50	\$0.00	\$18.50	\$11.10