



Cost of Coverage

September 1, 2023 - August 31, 2024

Amounts listed are deducted for **10 months** unless stated otherwise.

MEDICAL

SUREST United Healthcare Choice Plus Network	SINGLE	2-PARTY	FAMILY
TEACHER	Employee pays	Employee pays	Employee pays
FTE	10 Deductions of	10 Deductions of	10 Deductions of
50%	\$39.00	\$960.60	\$1,387.44
60%	\$39.00	\$785.88	\$1,135.08
70%	\$39.00	\$611.28	\$882.84
75%	\$39.00	\$523.92	\$756.72
80%	\$39.00	\$436.68	\$630.60
90%	\$39.00	\$261.96	\$378.36
100%	\$39.00	\$87.36	\$126.12
100% and on salary Step 28 or higher	\$289.00	\$337.36	\$376.12
CLASSIFIED	Employee pays	Employee pays	Employee pays
Hours worked per week	10 Deductions of	10 Deductions of	10 Deductions of
25*	\$39.00	\$586.32	\$846.84
27.5*	\$39.00	\$461.64	\$666.72
30	\$39.00	\$336.84	\$486.60
32.5	\$39.00	\$212.04	\$306.24
35-40	\$39.00	\$87.36	\$126.12
ADMINISTRATOR	Employee pays	Employee pays	Employee pays
	10 Deductions of	10 Deductions of	10 Deductions of
	\$39.00	\$87.36	\$126.12

* Regular Route Classified School Bus Drivers working an average of 25-29.9 hours per week, eligible for state reimbursement

DENTAL

SAMERA HEALTH	Copay Plan SINGLE	Copay Plan 2 PARTY	Copay Plan FAMILY	PPO Plan SINGLE	PPO Plan 2 PARTY	PPO Plan FAMILY
Employee pays	\$21.84	\$43.68	\$75.36	\$36.00	\$71.88	\$124.08

VISION

OPTICARE	100CC SINGLE	100CC 2 PARTY	100CC FAMILY	130CC SINGLE	130CC 2 PARTY	130CC FAMILY
Employee pays	\$4.43	\$8.58	\$11.27	\$6.60	\$10.94	\$15.50