



Monthly Premium Rates for Insurance
July 1, 2024 - June 30, 2025

	Employee Monthly Premium <i>(deducted from paycheck)</i>	District Monthly HSA Contribution <i>(deposited to bank account)</i>	Employee Monthly Net Cost/(Savings) after District HSA Contribution	District Monthly Premium <i>(insurance)</i>	Total Monthly Premium <i>(insurance)</i>
Cigna OAP					
Employee Only	\$ 78.53	\$0.00	\$ 78.53	\$ 903.03	\$ 981.56
Employee + Spouse	\$ 923.98	\$0.00	\$ 923.98	\$ 1,084.69	\$ 2,008.67
Employee + Child(ren)	\$ 835.99	\$0.00	\$ 835.99	\$ 981.38	\$ 1,817.37
Employee + Family	\$ 1,319.99	\$0.00	\$ 1,319.99	\$ 1,549.55	\$ 2,869.54
Cigna CDHP with HSA					
Employee Only	\$ 70.85	\$104.17	\$ (33.32)	\$ 814.78	\$ 885.63
Employee + Spouse	\$ 855.53	\$141.67	\$ 713.86	\$ 1,004.32	\$ 1,859.85
Employee + Child(ren)	\$ 774.05	\$141.67	\$ 632.38	\$ 908.66	\$ 1,682.71
Employee + Family	\$ 1,222.18	\$141.67	\$ 1,080.51	\$ 1,434.73	\$ 2,656.91
Kaiser DHMO					
Employee Only	\$ 52.80	\$0.00	\$ 52.80	\$ 607.10	\$ 659.90
Employee + Spouse	\$ 679.96	\$0.00	\$ 679.96	\$ 798.23	\$ 1,478.19
Employee + Child(ren)	\$ 616.22	\$0.00	\$ 616.22	\$ 723.39	\$ 1,339.61
Employee + Family	\$ 944.10	\$0.00	\$ 944.10	\$ 1,108.27	\$ 2,052.37
Kaiser HDHP with HSA					
Employee Only	\$ 44.36	\$104.17	\$ (59.81)	\$ 510.16	\$ 554.52
Employee + Spouse	\$ 576.35	\$141.67	\$ 434.68	\$ 676.58	\$ 1,252.93
Employee + Child(ren)	\$ 521.94	\$141.67	\$ 380.27	\$ 612.71	\$ 1,134.65
Employee + Family	\$ 801.79	\$141.67	\$ 660.12	\$ 941.22	\$ 1,743.01
Dental PPO Low Plan					
Employee Only	\$ 15.01		\$ 15.01	\$ 32.04	\$ 47.05
Employee + Spouse	\$ 28.06		\$ 28.06	\$ 41.11	\$ 69.17
Employee + Child(ren)	\$ 45.47		\$ 45.47	\$ 41.11	\$ 86.58
Employee + Family	\$ 68.53		\$ 68.53	\$ 41.11	\$ 109.64
Dental PPO High Plan					
Employee Only	\$ 22.54		\$ 22.54	\$ 41.11	\$ 63.65
Employee + Spouse	\$ 67.74		\$ 67.74	\$ 41.11	\$ 108.85
Employee + Child(ren)	\$ 103.39		\$ 103.39	\$ 41.11	\$ 144.50
Employee + Family	\$ 148.58		\$ 148.58	\$ 41.11	\$ 189.69
Dental HMO Plan					
Employee Only	\$ 1.99		\$ 1.99	\$ 5.48	\$ 7.47
Employee + Spouse	\$ 5.29		\$ 5.29	\$ 9.50	\$ 14.79
Employee + Child(ren)	\$ 10.63		\$ 10.63	\$ 11.10	\$ 21.73
Employee + Family	\$ 19.02		\$ 19.02	\$ 12.94	\$ 31.96
Vision Service Plan					
Employee Only	\$ 11.29		\$ 11.29	\$ -	\$ 11.29
Employee + 1	\$ 21.28		\$ 21.28	\$ -	\$ 21.28
Employee + Family	\$ 28.94		\$ 28.94	\$ -	\$ 28.94
Aetna Resources for Living EAP					
Per Employee Per Month	\$ -	\$ -	\$ -	\$ 1.26	\$ 1.26
Hartford Life Insurance					
Employee Life				\$0.105/1000	
AD&D				\$0.010/1000	
Dependent Life Rate per Unit	\$ 1.99				
Retiree Life Rates/\$1,000	\$ 7.75				



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Hartford Voluntary Accident Low Plan					
Employee Only	\$ 4.83				\$ 4.83
Employee + Spouse	\$ 7.70				\$ 7.70
Employee + Child(ren)	\$ 8.51				\$ 8.51
Employee + Family	\$ 13.24				\$ 13.24
Hartford Voluntary Accident High Plan					
Employee Only	\$ 8.02				\$ 8.02
Employee + Spouse	\$ 12.77				\$ 12.77
Employee + Child(ren)	\$ 13.80				\$ 13.80
Employee + Family	\$ 21.60				\$ 21.60
Hartford Voluntary Hospital Low Plan					
Employee Only	\$ 14.47				\$ 14.47
Employee + Spouse	\$ 27.47				\$ 27.47
Employee + Child(ren)	\$ 25.54				\$ 25.54
Employee + Family	\$ 40.37				\$ 40.37
Hartford Voluntary Hospital High Plan					
Employee Only	\$ 27.87				\$ 27.87
Employee + Spouse	\$ 52.83				\$ 52.83
Employee + Child(ren)	\$ 49.38				\$ 49.38
Employee + Family	\$ 77.90				\$ 77.90
Hartford Voluntary Critical Illness (\$20,000) - Employee					
< 30	\$ 4.40				\$ 4.40
30-39	\$ 9.40				\$ 9.40
40-49	\$ 19.60				\$ 19.60
50-59	\$ 35.20				\$ 35.20
60-69	\$ 61.80				\$ 61.80
70-79	\$ 108.80				\$ 108.80
80+	\$ 148.20				\$ 148.20
Hartford Voluntary Critical Illness - EE + Spouse					
< 30	\$ 9.00				\$ 9.00
30-39	\$ 18.60				\$ 18.60
40-49	\$ 38.20				\$ 38.20
50-59	\$ 72.60				\$ 72.60
60-69	\$ 132.60				\$ 132.60
70-79	\$ 230.20				\$ 230.20
80+	\$ 312.60				\$ 312.60
Hartford Voluntary Critical Illness - EE + Child(ren)					
< 30	\$ 12.20				\$ 12.20
30-39	\$ 17.20				\$ 17.20
40-49	\$ 27.40				\$ 27.40
50-59	\$ 43.00				\$ 43.00
60-69	\$ 69.60				\$ 69.60
70-79	\$ 116.60				\$ 116.60
80+	\$ 156.00				\$ 156.00
Hartford Voluntary Critical Illness - Family					
< 30	\$ 16.80				\$ 16.80
30-39	\$ 26.40				\$ 26.40
40-49	\$ 46.00				\$ 46.00
50-59	\$ 80.40				\$ 80.40
60-69	\$ 140.40				\$ 140.40
70-79	\$ 238.00				\$ 238.00
80+	\$ 320.40				\$ 320.40

COBRA Monthly Premium Rates for Insurance					Estimated COBRA with 2% Fee per month Calculation				
July 1, 2024 - June 30, 2025					July 1, 2024 - June 30, 2025				
	Employee	Employee and Spouse	Employee and Child(ren)	Employee, Spouse and Child(ren)		Employee	Employee and Spouse	Employee and Child(ren)	Employee, Spouse and Child(ren)
Cigna OAP	\$981.56	\$2,008.67	\$1,817.37	\$2,869.54	Cigna OAP	\$981.56	\$2,008.67	\$1,817.37	\$2,869.54
						\$19.63	\$40.17	\$36.35	\$57.39
Cigna CDHP with HSA	\$885.63	\$1,859.85	\$1,682.71	\$2,656.91		\$1,001.19	\$2,048.84	\$1,853.72	\$2,926.93
Kaiser DHMO	\$659.90	\$1,478.19	\$1,339.61	\$2,052.37	Cigna CDHP with HSA	\$885.63	\$1,859.85	\$1,682.71	\$2,656.91
						\$17.71	\$37.20	\$33.65	\$53.14
Kaiser HDHP with HSA	\$554.52	\$1,252.93	\$1,134.65	\$1,743.01		\$903.34	\$1,897.05	\$1,716.36	\$2,710.05
Dental PPO Low Plan	\$47.05	\$69.17	\$86.58	\$109.64	Kaiser DHMO	\$659.90	\$1,478.19	\$1,339.61	\$2,052.37
						\$13.20	\$29.56	\$26.79	\$41.05
Dental PPO High Plan	\$63.65	\$108.85	\$144.50	\$189.69		\$673.10	\$1,507.75	\$1,366.40	\$2,093.42
Dental HMO Plan	\$7.47	\$14.79	\$21.73	\$31.96	Kaiser HDHP with HSA	\$554.52	\$1,252.93	\$1,134.65	\$1,743.01
						\$11.09	\$25.06	\$22.69	\$34.86
	Employee	EE+1		Family		\$565.61	\$1,277.99	\$1,157.34	\$1,777.87
Vision Service Plan	\$11.29	\$21.28		\$28.94	Dental PPO Low Plan	\$47.05	\$69.17	\$86.58	\$109.64
Aetna EAP	PEPM					\$0.94	\$1.38	\$1.73	\$2.19
	\$1.26					\$47.99	\$70.55	\$88.31	\$111.83
					Dental PPO High Plan	\$63.65	\$108.85	\$144.50	\$189.69
						\$1.27	\$2.18	\$2.89	\$3.79
						\$64.92	\$111.03	\$147.39	\$193.48
					Dental HMO Plan	\$7.47	\$14.79	\$21.73	\$31.96
						\$0.15	\$0.30	\$0.43	\$0.64
						\$7.62	\$15.09	\$22.16	\$32.60
						Employee	EE+1		Family
					Vision Service Plan	\$11.29	\$21.28		\$28.94
						\$0.23	\$0.43		\$0.58
						\$11.52	\$21.71		\$29.52
					Aetna EAP	PEPM			
						\$1.26			
						\$0.03			
						\$1.29			

* Without 2% Admin fee.