

Insurance Contributions & Deductions

The Board of education shall provide health and dental insurance to eligible employees. The District shall establish an annual budget for health and dental insurance for employees. The District's Insurance Committee shall negotiate rates, premiums and plan specifics with vendors and annually present this information to the Board. The Board will make the final decision and approval of the insurance plans.

ASPIRUS HEALTH PLAN		
Deductible period=July-June	SINGLE (July 2024)	FAMILY (July 2024)
DISTRICT COST:		
District <u>Yearly Deductible HRA Reimbursement</u> (Employee Pays zero Deductible Signature Plan) (Employee Pays First \$250 single, \$500 family of Deductible Freedom Plan)	\$2,000.00	\$4,000.00
District <u>Monthly Premium:</u> #1-Aspirus Signature Plan #2-Aspirus Freedom Plan	\$998.66 \$1168.43	\$2266.96 \$2652.34
EMPLOYEE COST:		
Employee <u>Monthly Contribution (12%):</u> #1-Aspirus Signature Plan #2-Aspirus Freedom Plan	\$119.84 \$140.21	\$272.04 \$318.28
Employees <u>Cost per Check - #1-Aspirus Signature</u> Year Round/Teacher-26 pay periods (24 Payroll Deductions) Teachers- 23 pay periods (21 Payroll Deductions) Hourly - 9 month staff (19 Payroll Deductions)	\$59.92 \$68.48 \$75.69	\$136.02 \$155.45 \$171.81
Employees <u>Cost per Check - #2-Aspirus Freedom</u> Year Round/Teacher-26 pay periods (24 Payroll Deductions) Teachers- 23 pay periods (21 Payroll Deductions) Hourly - 9 month staff (19 Payroll Deductions)	\$70.11 \$80.12 \$88.55	\$159.14 \$181.87 \$201.02

DELTA DENTAL

	SINGLE (July 2024)	FAMILY (July 2024)
DISTRICT COST:		
District <u>Yearly</u> Premium	\$483	\$1402.92
District <u>Monthly</u> Premium	\$40.25	\$116.91
EMPLOYEE COST:		
Employee <u>Monthly</u> Contribution (20%)	\$8.05	\$ 23.38
Employee <u>Cost per Check</u> :		
Year Round/Teacher-26 pay periods (24 Payroll Deductions)	\$4.02	\$11.69
Teachers- 23 pay periods (21 Payroll Deductions)	\$4.60	\$13.36
Hourly - 9 month staff (19 Payroll Deductions)	\$5.08	\$14.76

Vision Insurance Contributions- 12 months

Vision Insurance Contributions	Monthly Rate	Yearly
Employee	\$ 5.22	\$ 62.64
Employee/Spouse	\$ 10.44	\$ 125.28
Employee/Child(ren)	\$ 10.66	\$ 127.92
Family	\$ 15.88	\$ 190.56

September 2019-August 2020 (12 months)	Employee Only	Total
Year Around Staff (24 deductions)	\$ 2.61	\$ 62.64
Teacher- 26 (24 deductions)	\$ 2.61	\$ 62.64
Teacher- 23 (21 deductions)	\$ 2.98	\$ 62.64
School Year Support Staff (19 deductions)	\$ 3.30	\$ 62.64

September 2019-August 2020 (12 months)	Employee/Spouse	Total
Year Around Staff (24 deductions)	\$ 5.22	\$ 125.28
Teacher- 26 (24 deductions)	\$ 5.22	\$ 125.28
Teacher- 23 (21 deductions)	\$ 5.97	\$ 125.28
School Year Support Staff (19 deductions)	\$ 6.59	\$ 125.28

September 2019-August 2020 (12 months)	Employee/Child(ren)	Total
Year Around Staff (24 deductions)	\$ 5.33	\$ 127.92
Teacher- 26 (24 deductions)	\$ 5.33	\$ 127.92
Teacher- 23 (21 deductions)	\$ 6.09	\$ 127.92
School Year Support Staff (19 deductions)	\$ 6.73	\$ 127.92

September 2019-August 2020 (12 months)	Family	Total
Year Around Staff (24 deductions)	\$ 7.94	\$ 190.56
Teacher- 26 (24 deductions)	\$ 7.94	\$ 190.56
Teacher- 23 (21 deductions)	\$ 9.07	\$ 190.55
School Year Support Staff (19 deductions)	\$ 10.03	\$ 190.55

