

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.

SECURITY HEALTH PLAN		
Deductible period=July-June	SINGLE (July 2025)	FAMILY (July 2025)
DISTRICT COST:		
District <u>Yearly Deductible HRA Reimbursement</u> (Employee Pays zero Deductible Simply One Plan) (Employee Pays First \$250 single, \$500 family of Deductible Premier Plan)	\$2,000.00	\$4,000.00
District <u>Monthly Premium</u> : #1-Security Simply One HMO Plan #2-Security Health Premier HMO	\$1036.61 \$1101.01	\$2353.10 \$2499.30
EMPLOYEE COST:		
Employee <u>Monthly Contribution</u> (12%): #1-Security Simply One #2-Security Premier	\$124.39 \$132.12	\$282.37 \$299.91
Employees <u>Cost per Check</u> - #1-Security Simply One (Narrow) Year Round/Teacher-26 pay periods (24 Payroll Deductions) Teachers- 23 pay periods (21 Payroll Deductions) Hourly - 9 month staff (19 Payroll Deductions)	\$62.19 \$71.08 \$78.56	\$141.18 \$161.35 \$178.33
Employees <u>Cost per Check</u> - #2-Security Premier (Broad) Year Round/Teacher-26 pay periods (24 Payroll Deductions) Teachers- 23 pay periods (21 Payroll Deductions) Hourly - 9 month staff (19 Payroll Deductions)	\$66.06 \$75.50 \$83.44	\$149.95 \$171.37 \$189.41

DELTA DENTAL

	SINGLE (July 2025)	FAMILY (July 2025)
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 2024-August 2025 (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 2024-August 2025 (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 2024-August 2025 (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 2024-August 2025 (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