

HEALTH INSURANCE RATES 2024

2024 Insurance Plan	Coverage	Monthly Cost to Employee	Cost Per Paycheck
PREMIUM	Employee	201.96	100.98
	Employee/Spouse	706.92	353.46
	Employee/Child(ren)	457.28	228.64
	Employee/Family	779.68	389.84
CLASSIC	Employee	88.38	44.19
	Employee/Spouse	347.76	173.88
	Employee/Child(ren)	209.30	104.65
	Employee/Family	391.88	195.94
BASIC	Employee	43.24	21.62
	Employee/Spouse	241.58	120.79
	Employee/Child(ren)	140.02	70.01
	Employee/Family	262.12	131.06

For more detail on benefits of the plans please refer to transform.ar.gov/employee-benefits/public-school-employees/ or call 1-877-815-1017.