

2024 Medical | BlueCross BlueShield

MEDICAL	2024 Base Plan- Monthly Rate	Monthly Benefit Amount Paid by the District	Monthly Employee Cost	Per Pay Employee Cost	2024 Optional Plan Monthly Rate	Monthly Benefit Amount Paid by the District	Monthly Employee Cost	Per Pay Employee Cost
	\$2500/100%				\$0/\$3000			
Employee	\$637	\$579.67	\$57.33	\$28.67	\$785	\$579.67	\$205.33	\$102.67
Employee & Spouse	\$1,337	\$579.67	\$757.33	\$378.67	\$1,648	\$579.67	\$1,068.33	\$534.17
Employee & Child(ren)	\$1,299	\$579.67	\$719.33	\$359.67	\$1,602	\$579.67	\$1,022.33	\$511.17
Family	\$1,446	\$579.67	\$866.33	\$433.17	\$1,782	\$579.67	\$1,202.33	\$601.17
Two Employee/Family	\$1,446	\$1,159.34	\$286.66	\$143.33	\$1,782	\$1,159.34	\$622.66	\$311.33

2024 Dental / Vision / Life | The Standard

Dental Coverage Level	2024 Monthly Rate	Monthly Benefit Amount Paid by the District	Monthly Employee Cost	Per Pay Employee Cost
Employee	\$27.04	\$27.04	\$0.00	\$0.00
Employee & Spouse	\$54.76	\$27.04	\$27.72	\$13.86
Employee & Child(ren)	\$66.48	\$27.04	\$39.44	\$19.72
Family	\$104.04	\$27.04	\$77.00	\$38.50
Vision Coverage Level	2024 Monthly Rate	Monthly Benefit Amount Paid by the District	Monthly Employee Cost	Per Pay Employee Cost
Employee	\$8.72	\$0.00	\$8.72	\$4.36
Employee & Spouse	\$16.68	\$0.00	\$16.68	\$8.34
Employee & Child(ren)	\$15.10	\$0.00	\$15.10	\$7.55
Family	\$23.36	\$0.00	\$23.36	\$11.68
Life Insurance				
Employee only	\$25,000	Premium is paid by the district		
Buy up Employee	See Enrollment document for rates and Information			
Spouse Life	See Enrollment document for rates and Information			
Child Life	See Enrollment document for rates and Information			