

FY24 Medical Insurance Costs

Single Coverage

Cert/Lic HMO= \$40.00 **PPO1= \$60.00** PPO2= \$100.00

ESP HMO= \$10.00 **PPO1= \$20.00** PPO2= \$60.00

Employee pays contribution rate + Over 6% split Cost

Dependent Coverage

HMO - Employee pays 50% of dependent costs

((family premium - single premium * 50%) + Over 6% split) + single monthly Employee Cost

PPO1 & PPO2 - Employee pays 60% of dependent costs

((family premium - single premium * 60%) + Over 6% split) + single monthly Employee Cost

Employee Contributions:

Certified / License Employees

	Monthly Dependent Cost @ 50%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
BCBS HMO					
Single	n/a	\$40.00	\$11.94	\$51.94	\$25.97
Family	\$718.58	\$51.94	\$34.91	\$805.43	\$402.71
BCBS PPO1	Monthly Dependent Cost @ 60%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
Single	n/a	\$60.00	\$18.69	\$78.69	\$39.35
Family	\$900.51	\$78.69	\$48.60	\$1,027.80	\$513.90
BCBS PPO2	Monthly Dependent Cost @ 60%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
Single	n/a	\$100.00	\$20.72	\$120.72	\$60.36
Family	\$998.36	\$120.72	\$53.88	\$1,172.96	\$586.48

ESP / 24 Pays

	Monthly Dependent Cost @ 50%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
BCBS HMO					
Single	n/a	\$10.00	\$11.94	\$21.94	\$10.97
Family	\$718.58	\$21.94	\$34.91	\$775.43	\$387.71
BCBS PPO1	Monthly Dependent Cost @ 60%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
Single	n/a	\$20.00	\$18.69	\$38.69	\$19.35
Family	\$900.51	\$38.69	\$48.60	\$987.80	\$493.90
BCBS PPO2	Monthly Dependent Cost @ 60%	Single Contribution	Over 6% split Cost **	Monthly Employee Cost	per pay
Single	n/a	\$60.00	\$20.72	\$80.72	\$40.36
Family	\$998.36	\$80.72	\$53.88	\$1,132.96	\$566.48

(19 Pay employees contact Kim Cowles for rates)

**In accordance with the NSSEO-NSSEA Collective Bargaining Agreement (CBA), the Board and the Employee equally split any premium increase exceeding 6%.

FY24 Dental Insurance Costs

Single Coverage

Employee pays contribution rate

FY24 Rates = (Licensed HMO=\$10, PPO=\$15) (ESP =\$5.00)

Dependent Coverage

Employee pays 100% of the dependent cost plus their single contribution

(Family premium-single premium + single contribution)

Employee Contribution:

Certified / License Employees

	Monthly Dependent Cost	Single Contribution	Total Monthly Employee Cost	per pay
Guardian-HMO				
Single	n/a	\$10.00	\$10.00	\$5.00
Family	\$45.71	\$10.00	\$55.71	\$27.85
Grp Admin-PPO				
Single	n/a	\$15.00	\$15.00	\$7.50
Family	\$100.05	\$15.00	\$115.05	\$57.53

ESP / 24 Pays

	Monthly Dependent Cost	Single Contribution	Total Monthly Employee Cost	per pay
Guardian-HMO				
Single	n/a	\$5.00	\$5.00	\$2.50
Family	\$45.71	\$5.00	\$50.71	\$25.35
Grp Admin-PPO				
Single	n/a	\$5.00	\$5.00	\$2.50
Family	\$100.05	\$5.00	\$105.05	\$52.53

(19 Pay employees contact Kim Cowles for rates)