

## INSURANCE RATE SHEET FOR SCHOOL YEAR 2023-2024

Classic Gold		FY 23-24				
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 506.00			\$ 6,072.00	\$ -	\$ 303.60
Spouse	\$ 472.00			\$ 5,664.00	\$ 283.20	Benefit Amt. \$6,072.00/ Yr
Children	\$ 328.00			\$ 3,936.00	\$ 196.80	
Family	\$ 492.00			\$ 5,904.00	\$ 295.20	
Co-Pay Gold		FY 23-24				
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 577.00			\$ 6,924.00	\$ 42.60	\$ 303.60
Spouse	\$ 538.00			\$ 6,456.00	\$ 365.40	Benefit Amt. \$6072.00/ Yr
Children	\$ 372.00			\$ 4,464.00	\$ 265.80	
Family	\$ 560.00			\$ 6,720.00	\$ 378.60	
HDHP \$1,500 (w/ District Funded \$1200.00 HSA)		FY 23-24				
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 402.50			\$ 4,830.00	\$ -	\$ 303.60
Spouse	\$ 373.00			\$ 4,476.00	\$ 223.80	Benefit Amt. \$6072.00/ Yr
Children	\$ 259.00			\$ 3,108.00	\$ 155.40	
Family	\$ 390.00			\$ 4,680.00	\$ 234.00	
Delta Dental		FY 23-24				
Coverage Type	Dental Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 31.09			\$ 373.08	\$ -	\$ 18.66
Spouse	\$ 31.96			\$ 383.52	\$ 19.18	Benefit Amt. \$373.08
Children	\$ 35.58			\$ 426.96	\$ 21.35	
Family	\$ 55.10			\$ 661.20	\$ 33.06	
DISTRICT PAID LIFE INSURANCE:						
\$10,000 Life Insurance		FY 23-24				
Coverage Type	Cost Per \$1,000	Monthly Cost	Annual Cost	NUSD Cost Per Paycheck		
Employee Life	\$ 0.141	\$ 1.41	\$ 16.92	\$ 0.85	<b>Medical, Dental &amp; Life Total</b>	
					<b>Benefit Amt</b>	<b>\$6,462.00</b>
OPTIONAL BENEFITS:						
Vision - AVESIS		FY 23-24				
Coverage Type	Monthly Cost		Annual Cost	Employee Cost Per Paycheck		
Employee	\$ 6.87		\$ 82.44	\$ 4.13		
Family	\$ 15.81		\$ 189.72	\$ 9.49		
Internation Medical Solutions (IMS) Network		FY 23-24				
Employee & Family	\$ 6.00		\$ 72.00	\$ 3.60		