

## INSURANCE RATE SHEET FOR SCHOOL YEAR 2024-2025

Classic Gold (100% Covered EE Only)				FY 24-25		
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 565.00			\$ 6,780.00	\$ -	\$ 339.00
Spouse	\$ 528.00			\$ 6,336.00	\$ 316.80	Benefit Amt. \$6,780.00/ Yr
Children	\$ 367.00			\$ 4,404.00	\$ 220.20	
Family	\$ 550.00			\$ 6,600.00	\$ 330.00	
Co-Pay Gold (Buy-Up)				FY 24-25		
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 645.00			\$ 7,740.00	\$ 48.00	\$ 339.00
Spouse	\$ 601.00			\$ 7,212.00	\$ 408.60	Benefit Amt. \$6,780.00/ Yr
Children	\$ 416.00			\$ 4,992.00	\$ 297.60	
Family	\$ 626.00			\$ 7,512.00	\$ 423.60	
HDHP A \$1,600 (w/ District Funded \$1350.00 HSA)				FY 24-25		
Coverage Type	Medical Monthly Cost			Annual Cost	Employee Cost Per Paycheck	NUSD Cost Per Paycheck
Employee	\$ 449.50			\$ 5,394.00	\$ -	\$ 269.70
Spouse	\$ 417.00			\$ 5,004.00	\$ 250.20	Benefit Amt. \$6,780.00/ Yr
Children	\$ 289.00			\$ 3,468.00	\$ 173.40	
Family	\$ 436.00			\$ 5,232.00	\$ 261.60	
Delta Dental				FY 24-25		
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 24-25		
Coverage Type	Cost Per \$1,000	Monthly Cost	Annual Cost	NUSD Cost Per Paycheck		
Employee Life	\$ 0.152	\$ 1.52	\$ 18.24	\$ 0.92	<b>Medical, Dental &amp; Life Total</b>	
					<b>Benefit Amt</b>	<b>\$7,171.32</b>
OPTIONAL BENEFITS:						
Vision - AVESIS				FY 24-25		
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 24-25		
Employee & Family	\$ 6.00		\$ 72.00	\$ 3.60		