## INSURANCE RATE SHEET FOR SCHOOL YEAR 2024-2025

Classic Gold (100% Cov	ered EE Only			FY 24-25		
,	Medical				Employee	NUSD Cost
Coverage Type	Monthly			Annual Cost	Cost Per	
	Cost				Paycheck	Per Paycheck
Employee	\$ 565.00			\$ 6,780.00	\$ -	\$ 339.00
Spouse	\$ 528.00			\$ 6,336.00	\$ 316.80	Benefit Amt.
Children	\$ 367.00			\$ 4,404.00	\$ 220.20	\$6,780.00/ Yr
Family	\$ 550.00			\$ 6,600.00	\$ 330.00	
Co-Pay Gold (Buy-Up)				FY 24-25		
Coverage Type	Medical				Employee	NUSD Cost
	Monthly			Annual Cost	Cost Per	Per Paycheck
	Cost				Paycheck	
Employee	\$ 645.00			\$ 7,740.00	\$ 48.00	\$ 339.00
Spouse	\$ 601.00			\$ 7,212.00	\$ 408.60	Benefit Amt.
Children	\$ 416.00			\$ 4,992.00	\$ 297.60	\$6,780.00/ Yr
Family	\$ 626.00			\$ 7,512.00	\$ 423.60	
HDHP A \$1,600 (w/ Dis	trict Funded	\$1350.00 HS	A)	FY 24-25		
	Medical				Employee	NUSD Cost
Coverage Type	Monthly			Annual Cost	Cost Per	Per Paycheck
	Cost				Paycheck	Per Paycheck
Employee	\$ 449.50			\$ 5,394.00	\$ -	\$ 269.70
Spouse	\$ 417.00			\$ 5,004.00	\$ 250.20	Benefit Amt.
Children	\$ 289.00			\$ 3,468.00	\$ 173.40	\$6,780.00/ Yr
Family	\$ 436.00			\$ 5,232.00	\$ 261.60	
Delta Dental				FY 24-25		
Delta Dental	Dental			FY 24-25	Employee	NUISD Coat
Delta Dental  Coverage Type	Dental Monthly			FY 24-25  Annual Cost	Employee Cost Per	NUSD Cost
						NUSD Cost Per Paycheck
	Monthly				Cost Per	
Coverage Type	Monthly Cost			Annual Cost	Cost Per Paycheck	Per Paycheck
Coverage Type Employee	Monthly Cost \$ 31.09			Annual Cost \$ 373.08	Cost Per Paycheck \$ -	Per Paycheck \$ 18.66
Coverage Type  Employee  Spouse  Children	Monthly Cost \$ 31.09 \$ 31.96			\$ 373.08 \$ 383.52	Cost Per Paycheck \$ - \$ 19.18	\$ 18.66 Benefit Amt.
Coverage Type  Employee  Spouse	Monthly Cost \$ 31.09 \$ 31.96 \$ 35.58 \$ 55.10			\$ 373.08 \$ 383.52 \$ 426.96	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35	\$ 18.66 Benefit Amt.
Coverage Type  Employee  Spouse Children Family  DISTRICT PAID LIFE INS	Monthly Cost \$ 31.09 \$ 31.96 \$ 35.58 \$ 55.10			\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35	\$ 18.66 Benefit Amt.
Coverage Type  Employee  Spouse  Children  Family	Monthly Cost \$ 31.09 \$ 31.96 \$ 35.58 \$ 55.10			\$ 373.08 \$ 383.52 \$ 426.96	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35	\$ 18.66 Benefit Amt.
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INS	Monthly	Monthly	Annual	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35	\$ 18.66 Benefit Amt.
Coverage Type  Employee  Spouse Children Family  DISTRICT PAID LIFE INS	Monthly	Monthly	Annual Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type	Monthly	Cost	Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type  Employee Life	Monthly	1		\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INS \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS:	Monthly	Cost	Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck \$ 0.92	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type  Employee Life	Monthly	Cost	Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INS \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS:	Monthly	Cost	Cost \$ 18.24 Annual	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck \$ 0.92	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS: Vision - AVESIS	Monthly	Cost	\$ 18.24	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20  FY 24-25  NUSD Cost Per Paycheck \$ 0.92	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS: Vision - AVESIS  Coverage Type	Monthly	Cost	\$ 18.24  Annual Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20  FY 24-25  NUSD Cost Per Paycheck \$ 0.92  FY 24-25  Employee Cost Per Paycheck	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INS \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS: Vision - AVESIS  Coverage Type  Employee	Monthly	Cost	\$ 18.24  Annual Cost \$ 82.44	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20  FY 24-25  NUSD Cost Per Paycheck  \$ 0.92  FY 24-25  Employee Cost Per Paycheck \$ 4.13	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INSI \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS: Vision - AVESIS  Coverage Type  Employee Family	Monthly	\$ 1.52	\$ 18.24  Annual Cost	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20 FY 24-25  NUSD Cost Per Paycheck  \$ 0.92  FY 24-25  Employee Cost Per Paycheck  \$ 4.13 \$ 9.49	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08
Coverage Type  Employee Spouse Children Family DISTRICT PAID LIFE INS \$10,000 Life Insurance  Coverage Type  Employee Life OPTIONAL BENEFITS: Vision - AVESIS  Coverage Type	Monthly	\$ 1.52	\$ 18.24  Annual Cost \$ 82.44	\$ 373.08 \$ 383.52 \$ 426.96 \$ 661.20  FY 24-25  NUSD Cost Per Paycheck  \$ 0.92  FY 24-25  Employee Cost Per Paycheck \$ 4.13	Cost Per Paycheck \$ - \$ 19.18 \$ 21.35 \$ 33.06	\$ 18.66 Benefit Amt. \$373.08