CLASSIFIED EMPLOYEES AND SUPERVISORS 2024 Contributions Per Pay

MEDICAL

21 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$15.02	\$29.40	\$67.48	\$121.32
Employee + Child	\$29.96	\$58.61	\$134.53	\$241.44
Employee + Spouse (Grandfathered Rates)**	\$29.96	\$58.61	\$134.53	\$241.44
Employee + Spouse*	\$299.04	\$327.69	\$403.61	\$241.44
Employee + Children	\$44.22	\$86.49	\$198.50	\$356.70
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$44.22	\$86.49	\$198.50	\$356.70
Family (Employee + Spouse & Child(ren))*	\$441.22	\$483.49	\$595.50	\$356.70

26 PAY PLAN	Select Basic	Select	Choice	HDHP
Employee Only	\$12.14	\$23.74	\$54.50	\$97.99
Employee + Child	\$24.20	\$47.34	\$108.66	\$195.01
Employee + Spouse (Grandfathered Rates)**	\$24.20	\$47.34	\$108.66	\$195.01
Employee + Spouse*	\$241.53	\$264.67	\$325.99	\$195.01
Employee + Children	\$35.71	\$69.86	\$160.33	\$288.10
Family (Employee + Spouse & Child(ren)) (Grandfathered)**	\$35.71	\$69.86	\$160.33	\$288.10
Family (Employee + Spouse & Child(ren))*	\$356.36	\$390.51	\$480.98	\$288.10

*OAPSE bargaining unit members or Classified Supervisors who add their spouse after April 30, 2010 will pay a higher contribution rate to include their spouse for medical coverage. **OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, so long as they are continuously employed by the Board, shall be entitled to enroll a spouse for primary coverage at these rates if a qualifying event occurs. OAPSE bargaining unit members or Classified Supervisors as of April 30, 2010, who have continuously covered their spouse on their medical coverage since April 30, 2010, shall be allowed to continue spousal coverage at these lower rates during their continuous employment with the district.

DENTAL

	21 Pay Plan	26 Pay Plan
Employee Only	\$3.98	\$3.22
Employee + Child	\$3.98	\$3.22

VISION BUY-UP The Base Vision plan is paid 100% by the District.

	21 Pay Plan	26 Pay Plan
Employee Only	\$2.78	\$2.24
Employee + 1	\$5.55	\$4.49
Employee + 2+	\$8.95	\$7.23

LIFE INSURANCE

	21 Pay Plan	26 Pay Plan
Basic Life \$50,000 (District Paid)	\$0.00	\$0.00
Supplemental Life \$50,000	\$4.51	\$3.65