



**Monthly Insurance Premiums  
January 1, 2024- December 31, 2024**

**Medical Insurance Premiums**

	<b><u>PPO Base Plan</u></b> (\$1,500 deductible plan)	<b><u>Health Savings Account Plan</u></b> (\$2,000 deductible plan)
<b><u>Coverage Tiers:</u></b>		
Employee	\$500.00 (Board Paid)	\$451.86 (Board Paid)*
Spouse	\$612.90	\$555.12
Child(ren)	\$471.78	\$426.06
Family	\$979.78	\$890.72

\*This district will deposit \$48.14/month to your Health Savings Account for a total of \$577.68/year.

**Dental and Vision Insurance Premiums**

	<b><u>Dental Insurance</u></b>	<b><u>Vision Insurance</u></b> (includes employee cost)
<b><u>Coverage Tiers:</u></b>		
Employee Only	\$23.94 (Board Paid)	\$4.81
Employee+Spouse	\$22.62	\$10.62
Employee+Child(ren)	\$24.34	\$11.61
Family	\$49.54	\$17.61

**Term Life Insurance** (Mutual Of Omaha)

Employee Basic Life Insurance Coverage: \$20,000 (Board Paid)

Employee supplemental and spouse life insurance: based on spouse's age and the amount of insurance you wish to purchase. Refer to your Term Life, Accident and Long Term Disability Insurance pamphlet for monthly cost per \$10,000 unit.

Unmarried, dependent children are eligible for coverage. One premium will insure all your eligible children, regardless of the number of children you have.

**EBO Membership Fees:**

- Employee membership is PAID by School District.
- Spouse membership: \$50 per month (via payroll deduction)
- Dependent child(ren) membership: \$10 per child/per month (via payroll deduction)
- Dependent child(ren) age limit: under age of 26