

Schedule of Insurance Premiums and Payroll Deductions
Licensed Staff Covered by AFT Collective Bargaining Agreement (Teachers)
Fiscal Year 2025

Health Insurance Premiums

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee Only-PPO	897.00	10,764.00	8,611.20	2,152.80	82.80
Employee Only-HSA	760.00	9,120.00	8,208.00	912.00	35.07
HSA Employer Contribution Single			400.00	→Per Check→	15.39
Employee Only-HMO	745.00	8,940.00	8,046.00	894.00	34.38
Employee+Spouse-PPO	2,150.00	25,800.00	20,640.00	5,160.00	198.46
Employee+Spouse-HSA	1,821.00	21,852.00	19,666.80	2,185.20	84.04
HSA Employer Contribution Family			1,050.00	→Per Check→	40.39
Employee+Spouse-HMO	1,786.00	21,432.00	19,288.80	2,143.20	82.43
Employee+Children-PPO	1,972.00	23,664.00	18,931.20	4,732.80	182.03
Employee+Children-HSA	1,670.00	20,040.00	18,036.00	2,004.00	77.07
HSA Employer Contribution Family			1,050.00	→Per Check→	40.39
Employee+Children-HMO	1,636.00	19,632.00	17,668.80	1,963.20	75.50
Family-PPO	2,561.00	30,732.00	24,585.60	6,146.40	236.40
Family-HSA	2,166.00	25,992.00	23,392.80	2,599.20	99.96
HSA Employer Contribution Family			1,050.00	→Per Check→	40.39
Family-HMO	2,122.00	25,464.00	22,917.60	2,546.40	97.93

**Licensed Staff can change from HSA or HMO Plan to Traditional PPO Plan in either January or July after 5 full years of employment.*

Dental Insurance Premiums

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee Only	46.00	552.00	496.80	55.20	2.12
Employee+Spouse	93.00	1,116.00	1,004.40	111.60	4.29
Employee+Children	111.00	1,332.00	1,198.80	133.20	5.12
Family	153.00	1,836.00	1,652.40	183.60	7.06

Vision Insurance Premiums

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee	9.49	113.88	0.00	113.88	4.38
Employee + Spouse	15.18	182.16	0.00	182.16	7.01
Employee + Child/Children	15.48	185.76	0.00	185.76	7.14
Employee + Family	24.98	299.76	0.00	299.76	11.53

AFLAC Premiums

All premiums as per individual contract at time of enrollment and relative to selected coverage

Basic Life Insurance

All premiums computed at .075/\$1,000 and paid by Employer