

CERTIFIED STAFF INSURANCE RATES
FULL TIME STAFF
2023-2024

RATES ARE PRORATED FOR LESS THAN FULL TIME STAFF							END OF PRINT RANGE					
DEDUCT	CO-INS	OUT OF POCKET MAX	OFFICE VISIT CO-PAY	RX CO-PAY P DRUGS	SINGLE RATE MONTHLY	FAMILY RATE MONTHLY	SUI CODE SINGLE	SINGLE TOTAL RATE	SUI CODE FAMILY	FAMILY TOTAL RATE		
500/1000	20%/30%	1000/2000	\$10.00	\$5.00/\$10.00	\$878.21	\$2,266.50	S 500 CERT	\$878.21	F 500 CERT	\$27,198.00		
		DISTRICT PAYS			\$726.66	\$726.66				8,719.92	10,538.52	
		CERTIFIED STAFF PAYS			\$151.55	\$1,539.84	Incr fr 01/21 -->	Single			\$12.93	\$155.16
							Incr fr 01/21 -->	Family			131.33	1575.96
750/1500	20%/30%	1500/3000	\$15.00	\$5.00/\$10.00	\$829.58	\$2,141.08	S 750 CERT	\$829.58	F 750 CERT	\$25,692.96		
		DISTRICT PAYS			\$726.66	\$726.66				8,719.92	9,954.96	
		CERTIFIED STAFF PAYS			\$102.92	\$1,414.42	Incr fr 01/21 -->	Single			\$8.78	\$105.36
							Incr fr 01/21 -->	Family			120.64	1447.68
1500/3000	20%/30%	3000/6000	\$20.00	\$10.00/\$20.00	\$726.66	\$1,875.35	S 1500 CERT	\$726.66	F 1500 CERT	\$22,504.20		
		DISTRICT PAYS			\$726.66	\$726.66				8,719.92		
		CERTIFIED STAFF PAYS			\$0.00	\$1,148.69	Incr fr 01/21 -->	Single			- \$61.98 Annualized	\$743.76
							Incr fr 01/21 -->	Family			97.96 Annualized	1175.52
					SINGLE MONTHLY	FAMILY MONTHLY						
		DELTA DENTAL EMPLOYEE PAYS			\$42.72	\$120.58	No Change Through 06/30/2022					
					\$0.00	\$77.86	Increase of \$0.00 & \$0.00					
		VISION PLAN EMPLOYEE PAYS			\$ 12.24	\$ 30.90	No Change Through 06/30/2022					
							Increase of \$0.00 & \$0.00					