

BENEFIT PERIOD July 1, 2024 through June 30, 2025

SUPPORT STAFF INSURANCE PREMIUMS (26 PAYS)

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40 RX 15/40/70/75	\$ 54.28	\$ 83.63	\$ 118.34	\$ 125.20	\$ 160.86
PPO 10/20 RX 15/30/50	\$ 94.65	\$ 145.08	\$ 206.20	\$ 218.16	\$279.69
QPOS 30/40 RX 15/40/70/75	\$ 46.81	\$ 72.29	\$ 102.09	\$ 108.01	\$ 138.89
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
UCCI Dental FLEX (PPO)	\$ 1.67	\$ 4.58	\$ 4.58	\$ 4.58	\$ 4.58
UCCI Dental PLUS (DHMO)	\$ 1.34	\$ 3.87	\$ 3.87	\$ 3.87	\$ 3.87
Delta Dental PPO Plan	\$ 5.83	\$14.58	\$14.58	\$14.58	\$14.58

SUPPORT STAFF, BUS DRIVER, & TRANSPORTATION AIDE INSURANCE PREMIUMS (21 PAYS)

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40 RX 15/40/70/75	\$ 67.20	\$ 103.55	\$ 146.52	\$ 155.01	\$199.16
PPO 10/20 RX 15/30/50	\$ 117.19	\$ 179.62	\$255.30	\$ 270.11	\$346.28
QPOS 30/40 RX 15/40/70/75	\$ 57.95	\$ 89.50	\$ 126.40	\$ 133.72	\$171.96
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
UCCI Dental FLEX (PPO)	\$ 2.06	\$ 5.67	\$ 5.67	\$ 5.67	\$ 5.67
UCCI Dental PLUS (DHMO)	\$ 1.66	\$ 4.79	\$ 4.79	\$ 4.79	\$ 4.79
Delta Dental PPO Plan	\$ 7.22	\$18.06	\$18.06	\$18.06	\$18.06

CERTIFIED STAFF, ADMINISTRATORS & FIRST LEVEL SUPERVISORS INSURANCE PREMIUMS

Medical Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
PPO 20/40 RX 15/40/70/75	\$57.90	\$ 89.21	\$ 126.23	\$ 133.55	\$171.58
PPO 10/20 RX 15/30/50	\$98.27	\$ 150.66	\$ 214.09	\$ 226.51	\$290.41
QPOS 30/40 RX 15/40/70/75	\$49.93	\$ 77.11	\$ 108.90	\$ 115.21	\$ 148.15
Dental Plans:	<u>Single</u>	<u>Parent/Child</u>	<u>Parent/Children</u>	<u>Employee/Spouse</u>	<u>Family</u>
UCCI Dental FLEX (PPO)	\$ 1.67	\$ 4.58	\$ 4.58	\$ 4.58	\$ 4.58
UCCI Dental Plus (DHMO)	\$ 1.34	\$ 3.87	\$ 3.87	\$ 3.87	\$ 3.87
Delta Dental PPO Plan	\$ 5.83	\$14.58	\$14.58	\$14.58	\$ 14.58