



Medical/Prescription Plans

Coverage Effective September 1, 2024-December 31, 2025

Coverage Type		Certified Staff		Non-Certified Staff	
		Employee's Cost Per Month	Employee's Cost Per Pay Period	Employee's Cost Per Month	Employee's Cost Per Pay Period
PPO	Employee	\$244.88	\$122.44	\$305.40	\$152.70
	Employee + 1	\$1,526.88	\$763.44	\$1,587.40	\$793.70
	Family	\$1,871.88	\$935.94	\$1,932.40	\$966.20
PPO HD	Employee	\$137.64	\$68.82	\$202.40	\$101.20
	Employee + 1	\$1,270.64	\$635.32	\$1,335.40	\$667.70
	Family	\$1,602.64	\$801.32	\$1,667.40	\$833.70
HMO BA	Single	\$84.58	\$42.29	\$147.40	\$73.70
	Employee + 1	\$1,080.58	\$540.29	\$1,143.40	\$571.70
	Family	\$1,154.58	\$577.29	\$1,217.40	\$608.70
HMO BA 4	Single	\$75.00	\$37.50	\$130.80	\$65.40
	Employee + 1	\$957.00	\$478.50	\$1012.80	\$506.40
	Family	\$1,056.00	\$528.00	\$1,111.80	\$555.90