



INSURANCE RATES SY 2024 - 2025

Effective July 1, 2024

Please Note: Rates for **Medical, Dental, & Vision** are *pre-tax dollar* deductions. This allows employee dollars to stretch further and saves employees money.

Medical Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
Gold				
EMPLOYEE Only	\$535.00	\$400.00	\$135.00	\$81.00
EMPLOYEE + SPOUSE	\$1059.00	\$400.00	\$659.00	\$395.40
EMPLOYEE + CHILD(REN)	\$985.00	\$400.00	\$585.00	\$351.00
EMPLOYEE + FAMILY	\$1,433.00	\$400.00	\$1,033.00	\$619.80
Silver				
EMPLOYEE Only	\$489.00	\$400.00	\$89.00	\$53.40
EMPLOYEE + SPOUSE	\$970.00	\$400.00	\$570.00	\$342.00
EMPLOYEE + CHILD(REN)	\$902.00	\$400.00	\$502.00	\$301.20
EMPLOYEE + FAMILY	\$1,311.00	\$400.00	\$911.00	\$546.60
HDHP \$1,600/\$3,200*				
EMPLOYEE Only	\$416.67	\$400.00	\$16.67	\$10.00
EMPLOYEE + SPOUSE	\$794.50	\$400.00	\$394.50	\$236.70
EMPLOYEE + CHILD(REN)	\$739.50	\$400.00	\$339.50	\$203.70
EMPLOYEE + FAMILY	\$1,073.50	\$400.00	\$673.50	\$404.10

*Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.

*For employees enrolled in the High Deductible Health Plan, the District will contribute \$13.17 per month to the employee's Health Savings Account (H.S.A).
For active employees enrolled in the HDHP the District will pay the H.S.A. monthly administrative fee.*

Vision Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
VSP Vision				
EMPLOYEE Only	\$7.19	\$0	\$7.19	\$4.32
EMPLOYEE + SPOUSE	\$14.39	\$0	\$14.39	\$8.64
EMPLOYEE + CHILD(REN)	\$15.39	\$0	\$15.39	\$9.24
EMPLOYEE + FAMILY	\$24.60	\$0	\$24.60	\$14.76

Dental Rates

Coverage Type	Total Monthly Rate	Total Monthly District Contribution	Total Monthly Employee Rate	Employee Cost Per Pay Period (20 Deductions)
TDA Dental				
EMPLOYEE Only	\$10.40	\$10.40	\$0.00	\$0.00
EMPLOYEE + SPOUSE	\$20.80	\$10.40	\$10.40	\$6.24
EMPLOYEE + CHILD(REN)	\$22.88	\$10.40	\$12.48	\$7.49
EMPLOYEE + FAMILY	\$26.00	\$10.40	\$15.60	\$9.36
Delta Dental Ins				
EMPLOYEE Only	\$43.00	\$10.40	\$32.60	\$19.56
EMPLOYEE + SPOUSE	\$88.00	\$10.40	\$77.60	\$46.56
EMPLOYEE + CHILD(REN)	\$73.00	\$10.40	\$62.60	\$37.56
EMPLOYEE + FAMILY	\$113.00	\$10.40	\$102.60	\$61.56

Pet Insurance

Coverage Type	Total Monthly Rate	Employee Cost Per Pay Period
United Pet Care - 1 Plan, 1 Price Now with WhiskerDocs!		
1 Pet	\$17.50	\$10.50
2 Pets	\$34.00	\$20.40
3 Pets	\$50.50	\$30.30
Each Additional Pet	Additional \$16.50 per pet	Additional \$9.90 per pet

In addition to the above listed Benefits, the District provides the following benefits for Benefit eligible employees:

District-Paid Short-Term Disability

The Hartford 1-800-303-9744

District-Paid Basic Life Insurance in the amount of \$25,000

Additional Life can be purchased through payroll deductions, please see Benefit’s website for rates and details.

EAP Employee Assistance Program – no cost to employees

1-833-955-3386 or visit guidanceresources.com

Teladoc – Free Access to U.S. Board-Certified Doctor (to be eligible, you must be enrolled in the District’s medical plan)

1-800-835-2362 *(Please proactively activate your account with our new provider.)*

Amphitheater Public Schools also offers:

Flexible Spending Accounts, Dependent Care Accounts, Health Savings Accounts, Limited Medical Accounts, and a really cool Benefits department.