

**EMPLOYEE/DEPENDENT INSURANCE RATES
FOR FISCAL YEAR 2024/2025
EFFECTIVE 7/1/2024 – 6/30/2025**

United Health Care HDHP \$3,000	Employee Monthly Premium	Seasonal Employees Per Pay Deduction 21 pays	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$0.00	\$0.00	\$0.00	\$554.52
Employee + 1	\$513.45	\$293.40	\$236.98	\$1,109.05
Employee + 2/More	\$703.43	\$401.96	\$324.66	\$1,314.23
HSA District Contribution \$1,000 Yearly	\$83.34	\$47.62	\$38.47	N/A
United Health Care PPO Narrow	Employee Monthly Premium	Seasonal Employees Per Pay Deduction 21 pays	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$0.00	\$0.00	\$0.00	\$614.67
Employee + 1	\$569.14	\$325.23	\$262.68	\$1,229.33
Employee + 2/More	\$779.74	\$445.57	\$359.88	\$1,456.77
United Health Care Buy-Up	Employee Monthly Premium	Seasonal Employees Per Pay Deduction 21 pays	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$50.75	\$29.00	\$23.43	\$669.47
Employee + 1	\$670.65	\$383.23	\$309.54	\$1,338.94
Employee + 2/More	\$900.02	\$514.30	\$415.40	\$1,586.65

Delta Dental	Employee Monthly Premium	Seasonal Employees Per Pay Deduction 21 pays	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$20.00	\$11.43	\$9.24	\$35.36
Employee + 1	\$58.48	\$33.42	\$27.00	\$73.84
Employee + 2/More	\$103.62	\$59.22	\$47.83	\$118.98

Delta Vision Voluntary Vision Plan	Employee Monthly Premium	Seasonal Employees Per Pay Deduction 21 pays	12 Month Employees Per Pay Deduction 26 pays	COBRA Monthly Premium
Employee Only	\$6.19	\$3.54	\$2.86	\$6.19
Employee + 1	\$12.51	\$7.15	\$5.78	\$12.51
Employee + 2/More	\$21.93	\$12.54	\$10.13	\$21.93

These are the amounts per payday. You will have deductions for 26 paydays (12-month employees) or 21 paydays (all seasonal employees) for fiscal year 2024/2025. Payday amount = Monthly amount x 12 months/26 or 21 paydays. **The payday amounts will be different for mid-year hires/changes; payday amount will equal the monthly amount multiplied by the number of months from the effective date through 6/30/25 divided by the number of paydays left to deduct for fiscal year 2024/2025.**

COBRA is for continuation of benefits when an employee leaves the District’s active medical and dental plans. Coverage will continue to be provided, but the employee will assume the entire monthly premium plus an additional 2% P&A administration fee; The District currently pays the premium amount for the employee’s standard coverage. COBRA is provided through P&A, our third-party administrator. Your monthly premiums are due to P&A by their due date and coverage will be cancelled by P&A if not received on time. ASRS Retirees need to stop by the Benefits Office to complete a form to participate in the supplemental benefits plan.

Our medical plans are IRS Section 125 plans, which allow your deductions to be deducted pre-tax. Participation in Section 125 plans is on an annual basis. An employee is not allowed to change his/her election during the plan year. You will not be able to make changes to this plan year’s election until the next annual open enrollment or during certain qualifying events. **All enrollments/cancellations must be processed within 31 days of the qualifying event.**