

**Taylor County School
District**

Memo

To: Alicia Beshears, Superintendent
From: Shanna Dodimead, Benefits Coordinator
Date: 06/17/2024
Re: Insurance Rates

The Insurance Committee met and approved a rate increase of 3% to the medical premiums. The Board contribution will remain \$4,550 per employee annually.

Please submit the attached insurance rate sheets to the School Board for approval.

APPROVED

JUN 25 2024

By Taylor County
School Board

4.10(1)

Taylor County School Board Active and Retired Monthly Insurance Premiums 2024-2025

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS Plan #05770

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 412.90	\$ 455.00	\$ 867.90	\$ 12.03
10-109 Employee/Spouse	Plan C-1	\$ 1,209.86	\$ 455.00	\$ 1,664.86	\$ 35.24
10-110-Employee Child(ren)	Pan C-2	\$ 1,062.35	\$ 455.00	\$ 1,517.35	\$ 30.94
10-111-Employee/Family	Plan C-3	\$ 1,546.35	\$ 455.00	\$ 2,001.35	\$ 45.04
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 41.18		\$ 41.18	No Change
10-102- Employee/Spouse	Plan A-2	\$ 80.10		\$ 80.10	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 93.26		\$ 93.26	No Change
10-104-Employee/Family	Plan A-4	\$ 131.03		\$ 131.03	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
07-001- Employee		\$ 6.94		\$ 6.94	No Change
07-002- Family		\$ 22.72		\$ 22.72	No Change
07-003- Employee Plan A			\$ 6.94	\$ 6.94	No Change
07-004 -Employee Family		\$ 15.78	\$ 6.94	\$ 22.72	No Change

RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Retiree Cost
Employee only		\$ 734.63			\$ 21.40
Employee/Spouse		\$ 1,398.76			\$ 40.74
Employee/Child(ren)		\$ 1,275.84			\$ 37.16
Employee/Family		\$ 1,679.17			\$ 48.91

Dental Insurance					
Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No Change
Employee/Child(ren)		\$ 77.71			No Change
Employee Family		\$ 109.19			No Change

Vision Insurance					
Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 734.63			\$ 21.40
Employee/Spouse		\$ 1,398.76			\$ 40.74

Dental Insurance					
Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No Change

Vision Insurance					
Employee only		\$ 5.78			No Change
Employee/Spouse		\$ 18.94			No Change

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4.10(1)

TCSB Active and Retired Monthly Insurance Premiums 2024-2025

High Deductible Plan \$2,000 50/50 payout Plan # 5901 **

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-208 Employee	Plan C	\$ 185.38	\$ 455.00	\$ 640.38	\$ 5.40
10-209 Employee/Spouse	Plan C-1	\$ 909.02	\$ 455.00	\$ 1,364.02	\$ 26.48
10-210-Employee Child(ren)	Pan C-2	\$ 788.05	\$ 455.00	\$ 1,243.05	\$ 22.95
10-211-Employee/Family	Plan C-3	\$ 1,184.79	\$ 455.00	\$ 1,639.79	\$ 34.51
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 41.18		\$ 41.18	No Change
10-102- Employee/Spouse	Plan A-2	\$ 80.10		\$ 80.10	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 93.26		\$ 93.26	No Change
10-104-Employee/Family	Plan A-4	\$ 131.03		\$ 131.03	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
07-001- Employee		\$ 6.94		\$ 6.94	No Change
07-002- Family		\$ 22.72		\$ 22.72	No Change
07-003- Employee Plan A			\$ 6.94	\$ 6.94	No Change
07-004- Employee Family		\$ 15.78	\$ 6.94	\$ 22.72	No Change

RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Reitree Cost
Employee only		\$ 545.02		\$ 545.02	\$ 15.87
Employee/Spouse		\$ 1,148.06		\$ 1,148.06	\$ 33.44
Employee/Child(ren)		\$ 1,047.25		\$ 1,047.25	\$ 30.50
Employee/Family		\$ 1,377.86		\$ 1,377.86	\$ 40.13
Dental Insurance					
Employee only		\$ 34.31		\$ 34.31	No Change
Employee/Spouse		\$ 66.75		\$ 66.75	No Change
Employee/Child(ren)		\$ 77.71		\$ 77.71	No Change
Employee Family		\$ 109.19		\$ 109.19	No Change
Vision Insurance					
Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 545.02		\$ 545.02	\$ 15.87
Employee/Spouse		\$ 1,148.06		\$ 1,148.06	\$ 33.44
Dental Insurance					
Employee only		\$ 41.18		\$ 41.18	No Change
Employee/Spouse		\$ 80.10		\$ 80.10	No Change
Vision Insurance					
Employee only		\$ 5.78			No Change
Employee/Spouse		\$ 18.94			No Change

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