

**Salem City Schools**  
**HEALTH AND DENTAL INSURANCE RATES**  
 EFFECTIVE JANUARY 1, 2025 - DECEMBER 31, 2025

**WELLNESS RATES**

**NON-WELLNESS RATES**

ANTHEM BC/BS - KeyCare 30	TOTAL MONTHLY PREMIUM	MONTHLY AMOUNT PAID BY EMPLOYER	MONTHLY AMOUNT PAID BY EMPLOYEE	ANTHEM BC/BS - KeyCare 30	TOTAL MONTHLY PREMIUM	MONTHLY AMOUNT PAID BY EMPLOYER	MONTHLY AMOUNT PAID BY EMPLOYEE
Subscriber Only	\$788.78	\$721.96	\$66.82	Subscriber Only	\$838.78	\$721.96	\$116.82
Subscriber + Child	\$1,112.40	\$870.58	\$241.82	Subscriber + Child	\$1,162.40	\$870.58	\$291.82
Subscriber + Children	\$1,617.82	\$882.46	\$735.36	Subscriber + Children	\$1,667.82	\$882.46	\$785.36
Subscriber + Spouse	\$1,470.64	\$802.20	\$668.44	Subscriber + Spouse	\$1,520.64	\$802.20	\$718.44
Family	\$1,836.56	\$1,001.80	\$834.76	Family	\$1,886.56	\$1,001.80	\$884.76
Both Working Spouses - School/City	\$1,836.56	\$1,702.92	\$133.64	Both Working Spouses - School/City	\$1,886.56	\$1,652.92	\$233.64
**ANTHEM BC/BS - HDHP + HSA	TOTAL MONTHLY PREMIUM	MONTHLY AMOUNT PAID BY EMPLOYER	MONTHLY AMOUNT PAID BY EMPLOYEE	**ANTHEM BC/BS - HDHP + HSA	TOTAL MONTHLY PREMIUM	MONTHLY AMOUNT PAID BY EMPLOYER	MONTHLY AMOUNT PAID BY EMPLOYEE
Subscriber Only	\$642.10	\$620.58	\$21.52	Subscriber Only	\$692.10	\$620.58	\$71.52
Subscriber + Child	\$907.32	\$767.02	\$140.30	Subscriber + Child	\$957.32	\$767.02	\$190.30
Subscriber + Children	\$1,220.24	\$810.64	\$409.60	Subscriber + Children	\$1,270.24	\$810.64	\$459.60
Subscriber + Spouse	\$1,100.20	\$736.94	\$363.26	Subscriber + Spouse	\$1,150.20	\$736.94	\$413.26
Family	\$1,388.86	\$920.32	\$468.54	Family	\$1,438.86	\$920.32	\$518.54
Both Working Spouses - School/City	\$1,388.86	\$1,345.82	\$43.04	Both Working Spouses - School/City	\$1,438.86	\$1,295.82	\$143.04

**\*\*NEW ENROLLEE OF THE ANTHEM HDHP+HSA PLAN:** Salem City Schools will offer a one-time deposit to the health savings account (HSA) for any new enrollees that sign up for this coverage. The deposit will be \$800 for the individual coverage and \$1,200 for all other plan choices. This will only apply to any employee that is enrolling in the Anthem HDHP plan for the first time. This deposit will be made after accounts have been established for the employee on this plan.

**\*\*CURRENT MEMBER OF THE ANTHEM HDHP+HSA PLAN:** Salem City Schools will provide monthly deposits into HSA accounts for employees that have the Anthem HDHP plan as of December 31, 2024. The amount will be \$101.00/month for individual coverage and \$131.00/month for all other plan choices. These deposits will total \$1,212 per year for individual coverage and \$1,572 per year for all other plan choices.

DELTA DENTAL	TOTAL MONTHLY PREMIUM	MONTHLY AMOUNT PAID BY SALEM CITY SCHOOLS	MONTHLY AMOUNT PAID BY EMPLOYEE
Subscriber Only	\$33.20	\$33.20	\$0.00
Subscriber + One Dependent	\$57.60	\$33.20	\$24.40
Family	\$92.70	\$33.20	\$59.50
Both Working Spouses - School/City	\$92.70	\$92.70	\$0.00

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### ELECTION CHANGES

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Once you have enrolled in our Health and/or Dental Plan or in the Flexible Spending Plan, you may not make any changes to your elections unless you have a change in status, such as:

- Marriage or divorce
- Birth, adoption, or placement of a child
- Involuntary loss of spouse's medical or dental coverage
- Death of dependent (child or spouse)
- Unpaid FMLA or Non-FMLA leave
- Change in dependent care providers
- Open enrollment period of spouse/dependent at employer (documentation required)

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### PREMIUM CONVERSION

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A premium conversion plan is a way of providing you with valuable benefits and significant tax savings by converting your insurance premium deductions from after-tax to pre-tax payments. These premium payments are considered salary reductions and, as a result, you owe no tax on the premium amounts. You take home additional dollars in your paycheck! All participants enrolled in the groups health/dental benefit plans are automatically enrolled in Premium Conversion. Employees who do not wish to have their health and dental insurance premiums deducted on a pre-tax basis must complete the premium conversion waiver form.