

**Health Insurance Information 2024-25**

- \$350 Deductible – 15/35 Co- Insurance (**\$950 Family Deductible – 15/35 Co-Insurance**)
- \$3,250 Out of Pocket Maximum (Health) (**\$6,750 Out of Pocket Maximum for Family-Health**)
- \$0/\$20/\$20/\$40 Physician Co-Pay
- Telehealth / MDLIVE - \$0 Co-Pay
- Diagnostic Lab & X-Ray – 100% for first \$100, then DC
- \$10/\$30/\$60/\$100 Specialty - 100 % Prescription Drug Benefit
- \$2,000 Out of Pocket Maximum (Prescription) (**\$4,000 Out of Pocket Maximum – Family Prescription**)
- Cost to employee for Spouse/Dependent Coverage is as follows:

**Health – 7.6% INCREASE**

Employee	\$960.85
Spouse	\$1085.55
One Child	\$486.60
2 or more Children	\$711.20
Family	\$1394.40

**HAS – 7.6% INCREASE**

Employee	\$809.65
Spouse	\$913.85
One Child	\$409.50
2 or more Children	\$598.65
Family	\$1181.65

**Dental**

**The district will cover \$32.10 for the Blue Cross Dental Insurance for the 2024-25 School Year.**

**The district will cover \$32.10 for the Dental Blue Connect Dental (Willamette), the Willamette Dental premium is higher, there for the difference will be a voluntary deduction for the employee if this plan is chosen.**

**Blue Cross PPO Dental – NO INCREASE**

Employee	\$32.10
Spouse	\$32.10 (deduction for Spouse \$37.30)
One Child	\$32.10 (deduction for One Child \$29.60)
2 or more Children	\$32.10 (deduction for 2 or more Children \$59.70)
Family	\$32.10 (deduction for Family \$90.95)

**Dental Blue Connect Dental (Willamette Dental) – 9.6% INCREASE**

Employee	\$62.03 - \$32.10 (difference in paid by district deduction \$29.93)
Spouse	\$134.16 - \$32.10 (difference in paid by district deduction \$102.06)
One Child	\$119.29 - \$32.10 (difference in paid by district deduction \$87.19)
2 or more Children	\$177.43 - \$32.10 (difference in paid by district deduction \$145.33)
Family	\$237.78 - \$32.10 (difference in paid by district deduction \$205.68)

**Vision - NO district paid vision – ALL vision plans are voluntary deductions to the employee**

**VSP –NO INCREASE**

Employee	\$19.72
Employee/Spouse	\$38.00
Employee & Child (ren)	\$31.52
Employee & Family	\$49.80

**EAP – Employee Assistance Program - Increase**

Employee	\$1.67 - <b>\$1.80</b>
Employee/Spouse	\$1.67
Employee & Child (ren)	\$1.67
Employee & Family	\$1.67