

## 12 MONTH RATES

2024-2025

### LOCAL CHOICE HEALTH INSURANCE MONTHLY RATES

Effective October 1, 2024 – September 30, 2025

Local Choice Key Advantage 500 (Base Plan), KA 1000 and High Deductible Healthy Plan

Board Rates Based on Local Choice Key Advantage 500 Plan

		Local Choice KA 500 w/Comprehensive Dental	Local Choice KA 500 w/Preventive Dental Only	Local Choice KA 1000 w/Comprehensive Dental	Local Choice KA 1000 w/Preventive Dental	High Deductible Plan w/Comprehensive Dental	High Deductible Plan w/Preventive Dental
<b>Subscriber</b>	Monthly Premium	\$825.00	\$804.00	\$780.00	\$760.00	\$654.00	\$633.00
	Paid by SB	\$676.40	\$659.00	\$639.20	\$659.00	\$654.00	\$633.00
	Payroll Deduction	\$148.60	\$145.00	\$140.80	\$101.00	\$0.00	\$0.00
<b>Subscriber + 1 Minor</b>	Monthly Premium	\$1526.00	\$1487.00	\$1,444.00	\$1,406.00	\$1,210.00	\$1,171.00
	Paid by SB	\$1,213.50	\$1,185.00	\$1,153.40	\$1,125.60	\$1,091.80	\$1,060.00
	Payroll Deduction	\$312.50	\$302.00	\$290.60	\$280.40	\$118.20	\$111.00
<b>Subscriber + Spouse</b>	Monthly Premium	\$1,526.00	\$1,487.00	\$1,444.00	\$1,406.00	\$1,210.00	\$1,171.00
	Paid by SB	\$1,113.50	\$1,085.00	\$1,053.40	\$1,025.60	\$991.80	\$906.00
	Payroll Deduction	\$412.50	\$402.00	\$390.60	\$380.40	\$218.20	\$211.00
<b>Family</b>	Monthly Premium	\$2,226.00	\$2,170.00	\$2,108.00	\$2,051.00	\$1,765.00	\$1,709.00
	Paid by SB	\$1,624.20	\$1,583.20	\$1,538.30	\$1,556.50	\$1,446.80	\$1,401.00
	Payroll Deduction	\$601.80	\$586.80	\$569.70	\$494.50	\$318.20	\$308.00

The employee may choose to participate in either the Local Choice KA 500, KA 1000 or the High Deductible Health Plan

The School Board's contribution will be based on the Local Choice KA500 rates as indicated

HSA Plans will be available for the High Deductible plans. Any employee switching from KA500 or KA 1000 to the HDP will receive \$500 towards their HSA.

FSA Plans are available for the KA500 and KA1000 Plans