

**2024-2025 HEALTH INSURANCE  
PREMIUMS AND BENEFITS**

<b><u>HEALTH &amp; DENTAL PREMIUMS</u></b>			
<b><u>Option 1 \$800/1600 Deductible</u></b>		<b><u>Option 2 \$1600/3200 Deductible</u></b>	
Employee	\$871.00	Employee	\$815.00
Employee/Dep(s)	\$1,949.00	Employee/Dep(s)	\$1,822.00
<b><u>Option 3 \$2400/4800 Deductible</u></b>		<b><u>DENTAL</u></b>	
Employee	\$781.00	Employee	\$48.77
Employee/Dep(s)	\$1,744.00	Employee/Child(ren)	\$96.20
		Employee/Spouse	\$104.86
		Family	\$151.73

<b><u>USD 382 HEALTH INSURANCE BENEFITS</u></b>			
<b><u>OPTION #1</u></b>			
<b><u>Full Time w/single dental &amp; life insurance</u></b>		<b><u>Part Time Class I w/single dental &amp; life ins.</u></b>	
878.57	Employee	768.57	Employee
1403.57	Employee +	1200.57	Employee +
<i>(See breakdown of benefits on the back for explanation)</i>			

<b><u>USD 382 HEALTH INSURANCE BENEFITS</u></b>			
<b><u>OPTION #2</u></b>			
<b><u>Full Time w/single dental &amp; life insurance</u></b>		<b><u>Part Time Class I w/single dental &amp; life ins.</u></b>	
825.57	Employee	793.57	Employee
1448.57	Employee +	1240.57	Employee +
<i>(See breakdown of benefits on the back for explanation)</i>			

<b><u>USD 382 HEALTH INSURANCE BENEFITS</u></b>			
<b><u>OPTION #3</u></b>			
<b><u>Full Time w/single dental &amp; life insurance</u></b>		<b><u>Part Time Class I w/single dental &amp; life ins.</u></b>	
792.57	Employee	792.57	Employee
1475.57	Employee +	1264.57	Employee +
<i>(See breakdown of benefits on the back for explanation)</i>			

**2024-2025 HEALTH INSURANCE  
PREMIUMS AND BENEFITS**

<b>BENEFIT BREAKDOWN</b>			
<b>Full Time--Option #1</b>			
<b>Employee Only Plan</b>		<b>Family Plan</b>	
828.00	Health Benefit	1353.00	Health Benefit
48.77	Dental Benefit*	48.77	Dental Benefit*
1.80	Life Insurance	1.80	Life Benefit
<b>878.57</b>	<b>Total</b>	<b>1403.57</b>	<b>Total</b>

\* IF ENROLLED IN DENTAL INSURANCE

<b>BENEFIT BREAKDOWN</b>			
<b>Full Time--Option #2</b>			
<b>Employee Only Plan</b>		<b>Family Plan</b>	
775.00	Health Benefit	1398.00	Health Benefit
48.77	Dental Benefit*	48.77	Dental Benefit*
1.80	Life Insurance	1.80	Life Benefit
<b>825.57</b>	<b>Total</b>	<b>1448.57</b>	<b>Total</b>

\* IF ENROLLED IN DENTAL INSURANCE

<b>BENEFIT BREAKDOWN</b>			
<b>Full Time--Option #3</b>			
<b>Employee Only Plan</b>		<b>Family Plan</b>	
742.00	Health Benefit	1425.00	Health Benefit
48.77	Dental Benefit*	48.77	Dental Benefit*
1.80	Life Insurance	1.80	Life Benefit
<b>792.57</b>	<b>Total</b>	<b>1475.57</b>	<b>Total</b>

\* ONLY IF ENROLLED IN DENTAL INSURANCE