

**2024-2025 INSURANCE RATES Tolleson Elementary School District No. 17**

	Employee Paid Monthly Premium	Employee Paid Annual Premium (x 12)	Divided by 22 Pays	Total Monthly Premium Paid	Total Annual Premium Paid	Every Employee Receives	Additional Subsidy on behalf of Employee (Annually)
<b>High Deductible Health Plan with Health Savings Account( HDHP): \$3,200 Ind./\$6,400 Family Deductible</b>							
<b>Maximum out-of-pocket \$6,000 Ind./\$12,000 Family</b>							
	80% covered after deductible has been met; 100% after max out of pocket is met--see Summary of Benefits.						
<b>Medical</b>							
EE (Employee Only)	\$ -	\$ 1,405.00	H.S.A.*	\$563.61	\$6,763.32	\$8,168.32	\$0.00
EE + Spouse/D Partner	\$ 330.72	\$ 3,968.64	\$ 180.39	\$1,127.23	\$13,526.76	\$8,168.32	\$1,389.80
EE + Child(ren)	\$ 220.18	\$ 2,642.16	\$ 120.10	\$950.72	\$11,408.64	\$8,168.32	\$598.16
EE + Family	\$ 782.24	\$ 9,386.88	\$ 426.68	\$1,606.31	\$19,275.72	\$8,168.32	\$1,720.52
<b>Traditional PPO: Co-Pay PCP \$10/30 &amp; Spec \$30/\$60 Deductible \$1,000 Ind./\$2,000 Family Deductible</b>							
<b>Maximum out-of-pocket \$6,000 Ind./\$12,000 Family</b>							
	80% covered after deductible has been met; 100% after max out of pocket is met--see Summary of Benefits.						
<b>Medical</b>							
EE (Employee Only)	\$ 45.14	\$ 541.72	\$ 24.62	\$766.10	\$9,193.20	\$8,168.32	\$483.16
EE + Spouse/D Partner	\$ 630.00	\$ 7,560.00	\$ 343.64	\$1,532.18	\$18,386.16	\$8,168.32	\$2,657.84
EE + Child(ren)	\$ 449.37	\$ 5,392.44	\$ 245.11	\$1,292.27	\$15,507.24	\$8,168.32	\$1,946.48
EE + Family	\$ 1,040.61	\$ 12,487.32	\$ 567.61	\$2,183.36	\$26,200.32	\$8,168.32	\$5,544.68
<b>DELTA DENTAL</b>							
EE (Employee Only)	\$ 32.86	\$ 394.32	\$ 17.92				
EE + Spouse/D Partner	\$ 65.72	\$ 788.64	\$ 35.85				
EE + Child(ren)	\$ 69.01	\$ 828.12	\$ 37.64				
EE + Family	\$ 98.58	\$ 1,182.96	\$ 53.77				
<b>Cigna DHMO</b>							
EE (Employee Only)	\$ 10.30	\$ 123.60	\$ 5.62				
EE + Spouse/D Partner	\$ 20.37	\$ 244.44	\$ 11.11				
EE + Child(ren)	\$ 22.84	\$ 274.08	\$ 12.46				
EE + Family	\$ 25.06	\$ 300.72	\$ 13.67				
<b>UHC Vision</b>							
EE (Employee Only)	\$ 5.77	\$ 69.24	\$ 3.15				
EE + Spouse/D Partner	\$ 11.54	\$ 138.48	\$ 6.29				
EE + Child(ren)	\$ 12.34	\$ 148.08	\$ 6.73				
EE + Family	\$ 19.73	\$ 236.76	\$ 10.76				
<b>PRE-PAID LEGAL</b>							
EE (Employee Only)	\$ 18.50	\$ 222.00	\$ 10.09				
	<b>District Pays Health Savings Account Directly to Optum Bank:</b>						
	<b>\$1,405 deposit in 2 payments with Wellstyles for HDHP Employee Only</b>						
	<b>2024 Additional HSA Maximum Limits:</b>						
Board Approval: April 3, 2024	<b>Individual \$4150/Family \$ 8,300 /55+ \$1,000 additional</b>						