

Licensed Professionals  
Insurance Rates 2024-2025

	Select Health Value			Select Health Health Save		
	Single	Couple	Family	Single	Couple	Family
Full Monthly Premium	\$ 697.80	\$ 1,569.70	\$ 2,222.30	\$ 661.80	\$ 1,488.50	\$ 2,107.30
24 Deductions Full time Equivalent						
1.000	\$ 88.37	\$ 198.98	\$ 281.19	\$ 72.94	\$ 164.07	\$ 231.80
0.900	\$ 114.42	\$ 257.57	\$ 364.19	\$ 98.74	\$ 222.09	\$ 313.98
0.830	\$ 132.66	\$ 298.58	\$ 422.29	\$ 116.80	\$ 262.70	\$ 371.51
0.800	\$ 140.48	\$ 316.16	\$ 447.19	\$ 124.53	\$ 280.11	\$ 396.17
0.750	\$ 153.50	\$ 345.45	\$ 488.68	\$ 137.43	\$ 309.12	\$ 437.26
0.700	\$ 166.53	\$ 374.74	\$ 530.18	\$ 150.33	\$ 338.13	\$ 478.35
0.666	\$ 175.39	\$ 394.66	\$ 558.40	\$ 159.10	\$ 357.85	\$ 506.29
0.600	\$ 192.58	\$ 433.33	\$ 613.18	\$ 176.13	\$ 396.14	\$ 560.54
0.555	\$ 204.31	\$ 459.69	\$ 650.52	\$ 187.73	\$ 422.25	\$ 597.52
0.500	\$ 218.64	\$ 491.92	\$ 696.17	\$ 201.92	\$ 454.16	\$ 642.72

EMI Dental-Voluntary						
	Choice PPO Plan			Advantage Co-Pay Plan		
	Single	Couple	Family	Single	Couple	Family
Monthly Premium	\$ 40.40	\$ 91.70	\$ 131.80	\$ 20.40	\$ 46.20	\$ 66.50
24 Deductions	\$ 20.20	\$ 45.85	\$ 65.90	\$ 10.20	\$ 23.10	\$ 33.25

Life Insurance		
Monthly Premium	Single \$ 6.95	Family \$ 7.48
FTE		
1.000	\$ -	\$ -
0.900	\$ 0.35	\$ 0.38
0.830	\$ 0.59	\$ 0.64
0.800	\$ 0.70	\$ 0.75
0.750	\$ 0.87	\$ 0.94
0.700	\$ 1.05	\$ 1.12
0.666	\$ 1.17	\$ 1.25
0.600	\$ 1.39	\$ 1.50
0.555	\$ 1.55	\$ 1.67
0.500	\$ 1.74	\$ 1.87

\*\*LTD Benefit \$ 17.27

\*\* Paid by District

Opticare Vision -Voluntary						
	110C+ Plan			140C+ Plan		
	Single	Couple	Family	Single	Couple	Family
Monthly Premium	\$ 5.32	\$ 9.91	\$ 11.94	\$ 10.77	\$ 19.11	\$ 22.56
24 Deductions	\$ 2.66	\$ 4.96	\$ 5.97	\$ 5.39	\$ 9.56	\$ 11.28