District Office	Health & Dental I				
_ U T'	Health & Dental Insurance Rates			First Deduction = July 7, 2023	
Full Time	SY 2023-2024			Based on 26 bi-weekly deductions	
HEALTH INSURANCE	Monthly Premium	Annual Premium SY 23/24	District Share 92%	Employee Share 8%	Employee Deductions
Anthem ChoicePlus		0.120,2.		0,0	
Single	862.61	10,351.32	9,523.21	828.11	31.85
Adult w Child(ren)	1,526.63	18,319.56	16,854.00	1,465.56	56.37
2 Adults	1,944.16	23,329.92	21,463.53	1,866.39	71.78
Family	2,366.30	28,395.60	26,123.95	2,271.65	87.37
Anthem Standard					
Single	931.50	11,178.00	10,283.76	894.24	34.39
Adult w Child(ren)	1,648.75	19,785.00	18,202.20	1,582.80	60.88
2 Adults	2,099.69	25,196.28	23,180.58	2,015.70	77.53
Family	2,555.61	30,667.32	28,213.93	2,453.39	94.36
MSMA DENTAL INSURA	ANCE_				
Plan A (with orthodonti	a)				
Single	39.70	476.40	476.40	0	0
2 Person	80.35	964.20	476.40	487.80	18.76
Family	136.44	1,637.28	476.40	1,160.88	44.65
Plan B (without orthodo	ontia)				
Single	39.70	476.40	476.40	0	0
2 Person	78.59	943.08	476.40	466.68	17.95
Family	127.86	1,534.32	476.40	1,057.92	40.69
Part-time employee's pren					