## WASHINGTON COUNTY PUBLIC SCHOOLS PART-TIME EMPLOYEES INSURANCE RATES FOR JULY 1, 2024 - JUNE 30, 2025

		Half Time Teachers & ESP		Employee working 15- 19 Hours/week	
	Employee Coverage Tier	20 deductions	26 deductions	Monthly Cost of Coverage/LOA	
	Employee Only	\$312.19	\$240.14	\$1,040.62	
In and Out of	Employee + Spouse	\$624.37	\$480.29	\$2,081.25	
Network	Employee + Child(ren)	\$478.27	\$367.90	\$1,594.25	3
	Employee + Family	\$790.50	\$608.08	\$2,635.00	on
	Employee Only	\$286.35	\$220.27	\$954.50	Monthly
In Network	Employee + Spouse	\$575.95	\$443.04	\$1,919.82	ly
	Employee + Child(ren)	\$438.69	\$337.46	\$1,462.31	
	Employee + Family	\$725.08	\$557.75	\$2,416.93	
	Employee Only	\$6.97	\$5.36	\$23.23	
Dental	Employee + Spouse	\$13.94	\$10.72	\$46.45	20
	Employee + Child(ren)	\$14.98	\$11.52	\$49.94	
	Employee + Family	\$29.45	\$22.65	\$98.15	ed
	Employee Only	\$2.30	\$1.77	\$7.67	deductions
Vision	Employee + Spouse	\$4.17	\$3.21	\$13.90	
	Employee + Child(ren)	\$4.38	\$3.37	\$14.60	รเ
	Employee + Family	\$6.75	\$5.20	\$22.51	

Supplemental Life, Voluntary AD&D, Dependent Life, Long Term Disability					
Coverage Type		Cost			
Basic term life insurance	1x annual pay rounded to next higher \$1,000 (\$10,000 Minimum)	divided by 1,000 x .116 x 12 divided by the number of			
Basic accidental death & dismemberment (AD&D)	1x annual pay rounded to next higher \$1,000	, ,			
Supplemental life insurance	1x, 2x, or 3x annual base pay rounded to the next higher \$1000	divided by 1,000 x .234 x 12 divided by the number of			
Voluntary accidental	\$50,000 \$100,000 \$200,000	26 Deductions     20 Deductions       \$0.46     \$0.60       \$0.92     \$1.20       \$1.85     \$2.40			
Dependent life insurance	Spouse - \$7,500 Child(ren) - \$3,000	26 Deductions= \$1.29 20 Deductions = \$1.68			