



Columbia Heights Public Schools 2024-2025 Cost Sheet

(Teachers, Non-Affiliated, EAs, Food Service, Clerical, Custodial)

Health Insurance Plan Costs

Full-Time Employees - .75 FTE or greater

1200/2400 Deductible	<u>TOTAL COST PER MONTH</u>	<u>YOU PAY PER PAY PERIOD</u>	<u>JULY DISTRICT VEBA CONTRIBUTION</u>	<u>SEPTEMBER DISTRICT VEBA CONTRIBUTION</u>
Single	\$834.53	\$55.76	\$200.00	\$1,000.00
Family	\$2,230.28	\$196.37	\$400.00	\$2,000.00

1850/3700 Deductible	<u>TOTAL COST PER MONTH</u>	<u>YOU PAY PER PAY PERIOD</u>	<u>JULY DISTRICT VEBA CONTRIBUTION</u>	<u>SEPTEMBER DISTRICT VEBA CONTRIBUTION</u>
Single	\$777.31	\$27.15	\$200.00	\$1,000.00
Family	\$2,077.37	\$119.91	\$400.00	\$2,000.00

Minimum Value Plan	<u>TOTAL COST PER MONTH</u>	<u>YOU PAY PER PAY PERIOD</u>	<u>JULY DISTRICT VEBA CONTRIBUTION</u>	<u>SEPTEMBER DISTRICT VEBA CONTRIBUTION</u>
Single	\$553.63	\$0.00	\$538.78	\$2,693.90
Family	\$1,479.59	\$0.00	\$1,115.92	\$5,579.60

Double Gold (<i>sunset 2016</i>)	<u>TOTAL COST PER MONTH</u>	<u>YOU PAY PER PAY PERIOD</u>	<u>DISTRICT VEBA CONTRIBUTION</u>
Single	\$1,027.38	\$102.18	N/A
Family	\$2,745.66	\$354.06	N/A

District VEBA contributions are added in 2 installments. The first installment (2 months' worth) is in July, and the second is in September.



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Dental Insurance Plan Costs

Full-Time Employees - .75 FTE or greater

Delta Dental	TOTAL COST PER MONTH	YOU PAY PER PAY PERIOD
Single	\$44.15	\$13.33
Family	\$107.79	\$38.65

Vision Insurance Plan Costs

Full-Time Employees - .75 FTE or greater

Low Plan	TOTAL COST PER MONTH	YOU PAY PER PAY PERIOD
Employee	\$5.12	\$2.56
EE + 1 Dependent	\$10.23	\$5.12
EE + Children	\$10.95	\$5.48
EE + Family	\$17.50	\$8.75

High Plan	TOTAL COST PER MONTH	YOU PAY PER PAY PERIOD
Employee	\$7.37	\$3.69
EE + 1 Dependent	\$11.80	\$5.90
EE + Children	\$12.05	\$6.03
EE + Family	\$19.43	\$9.72

Life insurance and Long-Term Disability plans are both fully paid by the district for all staff at .75 FTE and greater. Benefit amounts vary based on your bargaining unit. Please refer to your Master Agreement for benefit amounts.

If you are between .5 and .75 FTE, please refer to your Master Agreement for benefits eligibility, as you may be eligible for benefits with pro-rated insurance premiums.