



Blue Cross Blue Shield
2023-2024 Negotiated Certified Insurance Rates
Total Monthly Premium

-ESU #13 contributes \$509 towards premium for full time employees-
 All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
 for information on ESU #13's contribution.

Standard Blue Preferred Health and Dental - \$1050 Deductible

(An application must be filled out the first time you sign up for Health or Dental Insurance.)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$848.31	EE Share \$339.31
EE H/EE & Children D	\$873.88	EE Share \$364.88
EE H/EE & Spouse D	\$881.41	EE Share \$372.41
EE H/Family D	\$903.13	EE Share \$394.13
EE & Children H/EE D	\$1543.79	EE Share \$1034.79
EE & Children H/EE & Children D	\$1569.36	EE Share \$1060.36
EE & Children H/EE & Spouse D	\$1576.89	EE Share \$1067.89
EE & Children H/Family D	\$1598.61	EE Share \$1089.61
EE & Spouse H/EE D	\$1748.32	EE Share \$1239.32
EE & Spouse H/EE Children D	\$1773.89	EE Share \$1264.89
EE & Spouse H/EE & Spouse D	\$1781.42	EE Share \$1272.42
EE & Spouse H/Family D	\$1803.14	EE Share \$1294.14
Family H/EE D	\$2337.23	EE Share \$1828.23
Family H/EE and Children D	\$2362.80	EE Share \$1853.80
Family H/EE & Spouse D	\$2370.33	EE Share \$1861.33
Family H/Family D	\$2392.05	EE Share \$1883.05

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**Blue Cross Blue Shield
2024-2025 Classified Insurance Rates
Total Monthly Premium**

-ESU #13 contributes \$544 towards premium for full time employees-
All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
for information on ESU #13's contribution.

Standard Blue Preferred Health and Dental - \$1050 Deductible

(An application must be filled out the first time you sign up for Health or Dental Insurance.)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$848.31	EE Share \$304.31
EE H/EE & Children D	\$873.88	EE Share \$329.88
EE H/EE & Spouse D	\$881.41	EE Share \$337.41
EE H/Family D	\$903.13	EE Share \$359.13
EE & Children H/EE D	\$1543.79	EE Share \$999.79
EE & Children H/EE & Children D	\$1569.36	EE Share \$1025.36
EE & Children H/EE & Spouse D	\$1576.89	EE Share \$1032.89
EE & Children H/Family D	\$1598.61	EE Share \$1054.61
EE & Spouse H/EE D	\$1748.32	EE Share \$1204.32
EE & Spouse H/EE Children D	\$1773.89	EE Share \$1229.89
EE & Spouse H/EE & Spouse D	\$1781.42	EE Share \$1237.42
EE & Spouse H/Family D	\$1803.14	EE Share \$1259.14
Family H/EE D	\$2337.23	EE Share \$1793.23
Family H/EE and Children D	\$2362.80	EE Share \$1818.80
Family H/EE & Spouse D	\$2370.33	EE Share \$1826.33
Family H/Family D	\$2392.05	EE Share \$1848.05

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2024-2025 Negotiated Certified Insurance Rates
Total Monthly Premium

-ESU #13 contributes \$509 towards premium for full time employees for months worked-
 All employees with an FTE under 1.0 (under 40 hours/week) please contact the payroll office
 for information on ESU #13's contribution.

High Deductible Health and Dental Plan - \$3800 Deductible
 (An application must be filled out the first time you sign up for Health or Dental Insurance.)
 *(You cannot have both a Select Flex account and a HSA)

Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$720.44	EE Share \$211.44
EE H/EE & Children D	\$746.01	EE Share \$237.01
EE H/EE & Spouse D	\$753.54	EE Share \$244.54
EE H/Family D	\$775.26	EE Share \$266.26
EE & Children H/EE D	\$1307.25	EE Share \$798.25
EE & Children H/EE & Children D	\$1332.82	EE Share \$823.82
EE & Children H/EE & Spouse D	\$1340.35	EE Share \$831.35
EE & Children H/Family D	\$1362.07	EE Share \$853.07
EE & Spouse H/EE D	\$1479.82	EE Share \$970.82
EE & Spouse H/EE & Children D	\$1505.39	EE Share \$996.39
EE & Spouse H/EE & Spouse D	\$1512.92	EE Share \$1003.92
EE & Spouse H/Family D	\$1534.64	EE Share \$1025.64
Family H/EE D	\$1976.68	EE Share \$1467.68
Family H/EE & Children D	\$2002.25	EE Share \$1493.25
Family H/EE & Spouse D	\$2009.78	EE Share \$1500.78
Family H/Family D	\$2031.50	EE Share \$1522.50

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Employee (EE) Health (H) Dental (D)

Total Cost per Plan		Employee Cost for a 1.0 FTE Employee
EE H/EE D	\$720.44	EE Share \$176.44
EE H/EE & Children D	\$746.01	EE Share \$202.01
EE H/EE & Spouse D	\$753.54	EE Share \$209.54
EE H/Family D	\$775.26	EE Share \$231.26
EE & Children H/EE D	\$1307.25	EE Share \$763.25
EE & Children H/EE & Children D	\$1332.82	EE Share \$788.82
EE & Children H/EE & Spouse D	\$1340.35	EE Share \$796.35
EE & Children H/Family D	\$1362.07	EE Share \$818.07
EE & Spouse H/EE D	\$1479.82	EE Share \$935.82
EE & Spouse H/EE & Children D	\$1505.39	EE Share \$961.39
EE & Spouse H/EE & Spouse D	\$1512.92	EE Share \$968.92
EE & Spouse H/Family D	\$1534.64	EE Share \$990.64
Family H/EE D	\$1976.68	EE Share \$1432.68
Family H/EE & Children D	\$2002.25	EE Share \$1458.25
Family H/EE & Spouse D	\$2009.78	EE Share \$1465.78
Family H/Family D	\$2031.50	EE Share \$1487.50

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