2025 Custodian Insurance Premiums effective January 1, 2025

		Employer		Employee	Employee Per Pay	
Option 1		Monthly		Jan-Dec 2025	Insurance Premium	
BCBSM PPO	2025	Insurance	Employee Portion	Insurance	26 Pays	
\$2000/\$4000 <b>100%</b> Plan	Monthly Rate & Taxes	Contribution	Per Month	Premiums	Jan-Dec 2025	
Single	\$ 683.81	\$ 500.00	\$ 183.81	\$ 2,205.72	\$ 84.84	
2 Person	\$ 1,571.00	\$ 500.00	\$ 1,071.00	\$ 12,852.00	\$ 494.31	
Family	\$ 2,000.80	\$ 500.00	\$ 1,500.80	\$ 18,009.60	\$ 692.68	

				Employer		Employee		En	nployee Per Pay	
Option 2			N	onthly				Jan-Dec 2025	Ins	urance Premium
BCBSM PPO		2025		Insurance		<b>Employee Portion</b>		Insurance		26 Pays
\$1650/\$3300 <b>80%</b> Plan	Monthly Rate & Taxes		Contribution		Per Month		Premiums			Jan-Dec 2025
Single	\$	642.68	\$	500.00	\$	142.68	\$	1,712.16	\$	65.85
2 Person	\$	1,472.28	\$	500.00	\$	972.28	\$	11,667.36	\$	448.74
Family	\$	1,877.40	\$	500.00	\$	1,377.40	\$	16,528.80	\$	635.72

		Employer		Employee	Employee Per Pay
Option 3		Monthly		Jan-Dec 2025	Insurance Premium
Blue Care Network POS	2025	Insurance	Employee Portion	Insurance	26 Pays
\$1650/\$3300 <b>100%</b> Plan	Monthly Rate & Taxes	Contribution	Per Month	Premiums	Jan-Dec 2025
Single	\$ 645.10	\$ 500.00	\$ 145.10	\$ 1,741.20	\$ 66.97
2 Person	\$ 1,478.09	\$ 500.00	\$ 978.09	\$ 11,737.08	\$ 451.43
Family	\$ 1,877.40	\$ 500.00	\$ 1,377.40	\$ 16,528.80	\$ 635.72

\*The Board of Education will provide a \$1,300 HSA allocation to be distributed to the membership participating in the health care program. This prorated allocation will be deposited the first business day of January to the health savings account established by the member. The district's combined health insurance and HSA contribution shall not exceed the single payer cap amount set by PA 152.

\*\*The Board of Education will provide \$5,000 life insurance and AD&D.

AND

OR

Cash in Lieu of	Cash in Lieu					
8 Hours/260 Days Per Year	\$	350.00				

Cash in lieu payments will be every second pay.
Payroll deductions are subject to change if there is a change in insurance rates. New dental rates effective July 1.

Open enrollment is Nov. 10-26 with an effective date of January 1.

PAK B - Dental/Vision/	Life/LT	D									
						Monthly		Employee	E	mployee Per Pay	
		2025	Employer			Insurance		Jan-Dec 2025		Insurance Premium	
	Mon	thly Insurance	Mon	Monthly Contribution		Premiums		Insurance		26 Pays	
Status		Rates	90%		10%		Premiums		Jan-Dec 2025		
Single	\$	91.94	\$	82.75	\$	9.19	\$	110.33	\$	4.24	
Two Person	\$	150.50	\$	135.45	\$	15.05	\$	180.60	\$	6.95	
Family	\$	225.18	\$	202.66	\$	22.52	\$	270.22	\$	10.39	