

**COLDWATER EXEMPTED VILLAGE SCHOOLS
2024 MONTHLY HEALTH INSURANCE RATES**

SINGLE PLAN

	Total Premium	12 Month Employer Share	12 Month Employee Share	11 Month (20%) Employer Share	11 Month (20%) Employee Share	11 Month (35%) Employer Share	11 Month (35%) Employee Share	11 Month (45%) Employer Share	11 Month (45%) Employee Share
High Deductible Plan - \$3,200/\$5,600 Deductible	\$ 845.24	\$ 739.59	\$ 105.66	\$676.19	\$169.05	\$549.41	\$295.83	\$464.88	\$380.36
Min Value Plan - \$4,000/\$8,000 Deductible	\$ 726.33	\$ 635.54	\$ 90.79	\$581.06	\$145.27	\$472.11	\$254.22	\$399.48	\$326.85
Delta Dental	\$ 40.03	\$ 35.03	\$ 5.00	\$32.02	\$8.01	\$26.02	\$14.01	\$22.02	\$18.01
VSP	\$ 7.89	\$ -	\$ 7.89	\$0.00	\$7.89	\$0.00	\$7.89	\$0.00	\$7.89

FAMILY PLAN

	Total Premium	12 Month Employer Share	12 Month Employee Share	11 Month (20%) Employer Share	11 Month (20%) Employee Share	11 Month (35%) Employer Share	11 Month (35%) Employee Share	11 Month (45%) Employer Share	11 Month (45%) Employee Share
High Deductible Plan - \$3,200/\$5,600 Deductible	\$ 2,235.19	\$ 1,955.79	\$ 279.40	\$1,788.15	\$447.04	\$1,452.87	\$782.32	\$1,229.35	\$1,005.84
Min Value Plan - \$4,000/\$8,000 Deductible	\$ 1,922.27	\$ 1,681.99	\$ 240.28	\$1,537.82	\$384.45	\$1,249.48	\$672.79	\$1,057.25	\$865.02
Delta Dental	\$ 107.63	\$ 94.18	\$ 13.45	\$86.10	\$21.53	\$69.96	\$37.67	\$59.20	\$48.43
VSP	\$ 18.36	\$ -	\$ 18.36	\$0.00	\$18.36	\$0.00	\$18.36	\$0.00	\$18.36

***The Coldwater Board of Education will contribute \$1,000 for a single and \$2,000 for a family plan if you participate in either of the High Deductible Health Plans that are offered. If you and your spouse both are employed at Coldwater Schools, only one will receive the board contribution. Payment will be made in January.