

MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

2024 Insurance Rates

Plan year January 1, 2024 - December 31, 2024

Open Enrollment: October 16 - November 3, 2023

Full Time Benefits (185+ Days)

United Healthcare of Ohio				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)				
Single	15/85	\$136.81	\$775.24	\$912.05
Employee + Child(ren)	20/80	\$335.64	\$1,342.56	\$1,678.20
Employee + Spouse	20/80	\$401.31	\$1,605.26	\$2,006.57
Family	20/80	\$561.83	\$2,247.33	\$2,809.16
PPO (Grandfathered Only)				
Single	15/85	\$172.60	\$978.08	\$1,150.68
Employee + Child(ren)	20/80	\$425.31	\$1,701.25	\$2,126.56
Employee + Spouse	20/80	\$506.30	\$2,025.19	\$2,531.49
Family	20/80	\$711.11	\$2,844.45	\$3,555.56

Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
Single	20/80	\$6.19	\$24.77	\$30.96
Employee + Child(ren)	20/80	\$13.00	\$52.00	\$65.00
Employee + Spouse	20/80	\$13.03	\$52.12	\$65.15
Family (Non-Union)	20/80	\$17.96	\$71.83	\$89.79
Family (Union)	\$55 Max	\$34.79	\$55.00	\$89.79

Vision Service Plan				
Single	100/0	\$10.02	\$0.00	\$10.02
Family	100/0	\$23.44	\$0.00	\$23.44

\$60,000 Board Provided Life Insurance

Part-time Benefits (140-184 days)

United Healthcare of Ohio				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)				
Single	36.25/63.75	\$330.62	\$581.43	\$912.05
Employee + Child(ren)	40/60	\$671.28	\$1,006.92	\$1,678.20
Employee + Spouse	40/60	\$802.63	\$1,203.94	\$2,006.57
Family	40/60	\$1,123.66	\$1,685.50	\$2,809.16
PPO (Grandfathered Only)				
Single	36.25/63.75	\$417.12	\$733.56	\$1,150.68
Employee + Child(ren)	40/60	\$850.62	\$1,275.94	\$2,126.56
Employee + Spouse	40/60	\$1,012.60	\$1,518.89	\$2,531.49
Family	40/60	\$1,422.22	\$2,133.34	\$3,555.56

Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
Single	40/60	\$12.38	\$18.58	\$30.96
Employee + Child(ren)	40/60	\$26.00	\$39.00	\$65.00
Employee + Spouse	40/60	\$26.06	\$39.09	\$65.15
Family (Non-Union)	40/60	\$35.92	\$53.87	\$89.79
Family (Union)	\$55 Max	\$34.79	\$55.00	\$89.79

Vision Service Plan				
Single	100/0	\$10.02	\$0.00	\$10.02
Family	100/0	\$23.44	\$0.00	\$23.44

Part-time Benefits (120-139 Days)

United Healthcare of Ohio				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
High Deductible (Only option available to new staff or changes eff. 2019)				
Single	57.5/42.5	\$524.43	\$387.62	\$912.05
Employee + Child(ren)	60/40	\$1,006.92	\$671.28	\$1,678.20
Employee + Spouse	60/40	\$1,203.94	\$802.63	\$2,006.57
Family	60/40	\$1,685.50	\$1,123.66	\$2,809.16
PPO (Grandfathered Only)				
Single	57.5/42.5	\$661.64	\$489.04	\$1,150.68
Employee + Child(ren)	60/40	\$1,275.94	\$850.62	\$2,126.56
Employee + Spouse	60/40	\$1,518.89	\$1,012.60	\$2,531.49
Family	60/40	\$2,133.34	\$1,422.22	\$3,555.56

Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium
Single	60/40	\$18.58	\$12.38	\$30.96
Employee + Child(ren)	60/40	\$39.00	\$26.00	\$65.00
Employee + Spouse	60/40	\$39.09	\$26.06	\$65.15
Family (Non-Union)	60/40	\$53.87	\$35.92	\$89.79
Family (Union)	\$55 Max	\$34.79	\$55.00	\$89.79

Vision Service Plan				
Single	100/0	\$10.02	\$0.00	\$10.02
Family	100/0	\$23.44	\$0.00	\$23.44

***If you work anywhere from 80 - 119 days you access to these voluntary products: Optional Life, STD/LTD & Vision Coverage**

Health Savings Accounts (HSA)			Possible Surcharges
HSA Board Contributions* (Deposited 1/2 in January & 1/2 in July)	HSA contributions will be prorated based upon insurance eligibility & date of hire: Full Time 185 days+: 100% Part-time 184-140 days: 60% Part-time 139-120 days: 40%	IRS Maximum Allowed HSA Contributions (Includes employer contributions) IRS HSA Single Max: \$4,150 IRS HSA All Others Max: \$8,300 \$1,000 catch-up if over 55	Biometric Screening Surcharge: \$50.00 per month <small>*Screening must be done by Dec 1, 2024</small> Spousal Surcharge: (medical only) \$100.00 per month
Single Coverage : \$1,600 All Other Coverage: \$2,500			