MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER 2025 Insurance Rates

Full Time Benefits (185+ Days)

United Healthcare of Ohio								
	Employee/ Employee		Board		Monthly			
	Board%		Share	Share		Premium		
High Deductible (Only o	High Deductible (Only option available to new staff or changes eff. 2019)							
Single	15/85	\$	146.04	\$ 827.58	\$	973.62		
Employee + Child(ren)	20/80	\$	358.30	\$ 1,433.18	\$	1,791.48		
Employee + Spouse	20/80	\$	428.40	\$ 1,713.62	\$	2,142.02		
Family	20/80	\$	599.76	\$ 2,399.02	\$	2,998.78		
PPO (Grandfathered Only)	PPO (Grandfathered Only)							
Single	15/85	\$	184.69	\$ 1,046.55	\$	1,231.24		
Employee + Child(ren)	20/80	\$	455.08	\$ 1,820.34	\$	2,275.42		
Employee + Spouse	20/80	\$	541.74	\$ 2,166.96	\$	2,708.70		
Family	20/80	\$	760.89	\$ 3,043.57	\$	3,804.46		

Delta Dental							
	Employee/ Employee			Board Mont		lonthly	
	Board%		Share	Share	Pr	remium	
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	\$ -	\$	10.02	
Family	100/0	\$	23.44	\$ -	\$	23.44	

Part-time Benefits (140-184 days)

United Healthcare of Ohio							
	Employee/	Employee	Board	Monthly			
	Board%	Share	Share	Premium			
High Deductible (Only or	otion available	to new staff o	or changes eff. 201	9)			
Single	36.25/67.75	\$ 352.94	\$ 620.68 \$	973.62			
Employee + Child(ren)	40/60	\$ 716.59	\$ 1,074.89 \$	1,791.48			
Employee + Spouse	40/60	\$ 856.81	\$ 1,285.21 \$	2,142.02			
Family	40/60	\$1,199.51	\$ 1,799.27 \$	2,998.78			
PPO (Grandfathered Only)							
Single	36.25/67.75	\$ 446.32	\$ 784.92 \$	1,231.24			
Employee + Child(ren)	40/60	\$ 910.17	\$ 1,365.25 \$	2,275.42			
Employee + Spouse	40/60	\$1,083.48	\$ 1,625.22 \$	2,708.70			
Family	40/60	\$1,521.78	\$ 2,282.68 \$	3,804.46			

Delta Dental							
	Employee/	Employee	Board	Monthly			
	Board% Share		Share	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	\$ -	\$ 10.02			
Family	100/0	\$ 23.44	\$ -	\$ 23.44			

Part-time Benefits (120-139 Days)

United Healthcare of Ohio							
	Employee/ Employee		Board	Board			
	Board%	Share	Share	Share			
High Deductible (Only on	tion available	to new staff o	r changes eff.	. 201	9)		
Single	57.5/42.5	\$ 559.83	\$ 413.79	\$	973.62		
Employee + Child(ren)	60/40	\$1,074.89	\$ 716.59	\$	1,791.48		
Employee + Spouse	60/40	\$1,285.21	\$ 856.81	\$	2,142.02		
Family	60/40	\$1,799.27	\$ 1,199.51	\$	2,998.78		
PPO (Grandfathered Only)							
Single	57.5/42.5	\$ 707.96	\$ 523.28	\$	1,231.24		
Employee + Child(ren)	60/40	\$1,365.25	\$ 910.17	\$	2,275.42		
Employee + Spouse	60/40	\$1,625.22	\$ 1,083.48	\$	2,708.70		
Family	60/40	\$2,282.68	\$ 1,521.78	\$	3,804.46		

Delta Dental							
	Employee/ Employee		Board	Monthly			
	Board% Share		Share	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 Ma		\$ 34.79	\$ 55.00	\$ 89.79			
Vision Service Plan							
Single	100/0	\$ 10.02	\$ -	\$ 10.02			
Family	100/0	\$ 23.44	\$ -	\$ 23.44			

Noteworthy Items

HSA Board Contributions

Single: \$1,650 All Others: \$2,500

IRS HSA Single Max: \$4,300

IRS HSA All Others Max: \$8,550 * \$1,000 catch-up if over 55

HSA contributions are prorated based upon insurance eligibility

and date of hire:

185+: full amt 184-140: 60% 139-120: 40%

Failure to do Biometric Screening: \$50/mo

Spousal Surcharge: \$100/month

\$60,000 Board Provided Life insurance for 185+ days

Open Enrollment Dates

October 14 - October 27 Plan year is Jan 1 - Dec 31

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