



KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.
 Insurance Rates Effective December 8, 2023 for coverage on January 1, 2024
 (8.5% increase)

CLASSIFIED EMPLOYEES
 (Board pays 85%)

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST		\$ 991.70				\$ 2,570.46			
6 hours (full-time)	100.00%	842.96	421.48	148.74	74.37	2,184.90	1,092.45	385.56	192.78
5 1/4 - 5 3/4	91.0%	767.10	383.55	224.60	112.30	1,988.26	994.13	582.20	291.10
4 1/4 - 5	77.0%	649.08	324.54	342.62	171.31	1,682.38	841.19	888.08	444.04
3 1/4 - 4	62.0%	522.64	261.32	469.06	234.53	1,354.64	677.32	1,215.82	607.91
Effective August 1, 2006, new employees working less than 3 1/4 hours per day are not eligible for health benefits. (see contract details)									
2 1/4 - 3	47.0%	396.20	198.10	595.50	297.75	1,026.92	513.46	1,543.54	771.77
0 - 2 hours	32.0%	269.76	134.88	721.94	360.97	699.18	349.59	1,871.28	935.64
COBRA HEALTH				1,011.53				2,621.87	

(EPC) DELTA Dental Plan
 Insurance Rates Effective December 8, 2023 for coverage on January 1, 2024
 (1.5% increase)

(Board pays 85%)

Employee's # of hours	Board Share%	Single Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction	Family Board Share	Biweekly Board Share	Employee Share	Biweekly Payroll Deduction
TOTAL COST		\$ 43.98				\$ 131.24			
6 hours (full-time)	100.00%	37.40	18.70	6.58	3.29	111.56	55.78	19.68	9.84
5 1/4 - 5 3/4	91.0%	34.04	17.02	9.94	4.97	101.52	50.76	29.72	14.86
4 1/4 - 5	77.0%	28.80	14.40	15.18	7.59	85.92	42.96	45.32	22.66
3 1/4 - 4	62.0%	23.20	11.60	20.78	10.39	69.18	34.59	62.06	31.03
Effective August 1, 2006, new employees working less than 3 1/4 hours per day are not eligible for dental benefits. (see contract details)									
2 1/4 - 3	47.0%	17.58	8.79	26.40	13.20	52.44	26.22	78.80	39.40
0 - 2 hours	32.0%	11.98	5.99	32.00	16.00	35.70	17.85	95.54	47.77
COBRA DENTAL				44.86				133.86	



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CERTIFICATED EMPLOYEES
 ADMINISTRATORS AND SUPPORT ADM
 (Board pays 85%)

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TOTAL COST		\$ 991.70				\$ 2,570.46			
6 hrs (full-time)	100.00%	842.96	421.48	148.74	74.37	2,184.90	1,092.45	385.56	192.78
5.6	80.0%	674.38	337.19	317.32	158.66	1,747.92	873.96	822.54	411.27
5.25	75.0%	632.22	316.11	359.48	179.74	1,638.68	819.34	931.78	465.89
5	71.4%	601.88	300.94	389.82	194.91	1,560.02	780.01	1,010.44	505.22
4.78	68.3%	575.76	287.88	415.94	207.97	1,492.30	746.15	1,078.16	539.08
4.67	66.7%	562.26	281.13	429.44	214.72	1,457.34	728.67	1,113.12	556.56
4.2	60.0%	505.78	252.89	485.92	242.96	1,310.94	655.47	1,259.52	629.76
4	57.1%	481.34	240.67	510.36	255.18	1,247.58	623.79	1,322.88	661.44
3.5	50.0%	421.48	210.74	570.22	285.11	1,092.46	546.23	1,478.00	739.00
3	42.9%	361.64	180.82	630.06	315.03	937.34	468.67	1,633.12	816.56
2.8	40.0%	337.20	168.60	654.50	327.25	873.96	436.98	1,696.50	848.25
COBRA HEALTH				1,011.53				2,621.87	

(EPC) DELTA Dental Plan
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6 hrs (full-time)	100.00%	37.40	18.70	6.58	3.29	111.56	55.78	19.68	9.84
5.6	80.0%	29.92	14.96	14.06	7.03	89.26	44.63	41.98	20.99
5.25	75.0%	28.06	14.03	15.92	7.96	83.68	41.84	47.56	23.78
5	71.4%	26.72	13.36	17.26	8.63	79.66	39.83	51.58	25.79
4.78	68.3%	25.56	12.78	18.42	9.21	76.20	38.10	55.04	27.52
4.67	66.7%	24.96	12.48	19.02	9.51	74.42	37.21	56.82	28.41
4.2	60.0%	22.44	11.22	21.54	10.77	66.94	33.47	64.30	32.15
4	57.1%	21.36	10.68	22.62	11.31	63.72	31.86	67.52	33.76
3.5	50.0%	18.70	9.35	25.28	12.64	55.78	27.89	75.46	37.73
3	42.9%	16.06	8.03	27.92	13.96	47.86	23.93	83.38	41.69
2.8	40.0%	14.96	7.48	29.02	14.51	44.64	22.32	86.60	43.30
COBRA DENTAL				44.86				133.86	