



KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.
 Insurance Rates Effective December 6, 2024 for coverage on January 1, 2025
 (5% increase)

CERTIFICATED EMPLOYEES
 ADMINISTRATORS AND SUPPORT ADM
 (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		\$ 1,041.30				\$ 2,698.98			
6 hrs (full-time)	100.00%	885.12	442.56	156.18	78.09	2,294.14	1,147.07	404.84	202.42
5.6	80.0%	708.10	354.05	333.20	166.60	1,835.32	917.66	863.66	431.83
5	71.4%	631.98	315.99	409.32	204.66	1,638.02	819.01	1,060.96	530.48
4.78	68.3%	604.54	302.27	436.76	218.38	1,566.90	783.45	1,132.08	566.04
4.67	66.7%	590.38	295.19	450.92	225.46	1,530.20	765.10	1,168.78	584.39
4.2	60.0%	531.08	265.54	510.22	255.11	1,376.48	688.24	1,322.50	661.25
4	57.1%	505.40	252.70	535.90	267.95	1,309.96	654.98	1,389.02	694.51
3.5	50.0%	442.56	221.28	598.74	299.37	1,147.08	573.54	1,551.90	775.95
3	42.9%	379.72	189.86	661.58	330.79	984.20	492.10	1,714.78	857.39
COBRA HEALTH				1,062.13				2,752.96	

(EPC) DELTA Dental Plan
 Insurance Rates Effective December 6, 2024 for coverage on January 1, 2025
 (0% 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 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	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
COBRA DENTAL				44.86				133.86	



KETTERING CITY BOARD OF EDUCATION

(EPC) UNITED HEALTH CARE HDHP/H.S.A. and H.R.A.
 Insurance Rates Effective December 6, 2024 for coverage on January 1, 2025
 (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		\$ 1,041.30			\$ 2,698.98				
6 hours (full-time)	100.00%	885.12	442.56	156.18	78.09	2,294.14	1,147.07	404.84	202.42
5 1/4 - 5 3/4	91.0%	805.46	402.73	235.84	117.92	2,087.68	1,043.84	611.30	305.65
4 1/4 - 5	77.0%	681.54	340.77	359.76	179.88	1,766.50	883.25	932.48	466.24
3 1/4 - 4	62.0%	548.78	274.39	492.52	246.26	1,422.38	711.19	1,276.60	638.30
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%	416.02	208.01	625.28	312.64	1,078.26	539.13	1,620.72	810.36
0 - 2 hours	32.0%	283.24	141.62	758.06	379.03	734.12	367.06	1,964.86	982.43
COBRA HEALTH				1,062.13		2,752.96			

(EPC) DELTA Dental Plan
 Insurance Rates Effective December 6, 2024 for coverage on January 1, 2025
 (0% 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			