

Cuyahoga Heights Public Schools
 Rates in effect through 9/30/24
 Full Time 7-8 hours/day

Health Insurance Rates 2023-2024

FAMILY Coverage: Medical Mutual PPO/Delta Dental/VSP			FAMILY Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Family premium for PPO Medical/Rx	\$ 2,111.82	\$ 316.77	Family premium for HSA Medical/Rx	\$ 1,526.14	\$ 228.92
Family premium for Dental	\$ 140.01	\$ 21.00	Family premium for Dental	\$ 140.01	\$ 21.00
Family premium for Vision	\$ 20.10	\$ 3.02	Family premium for Vision	\$ 20.10	\$ 3.02
Total Family premium cost per month	\$ 2,271.93	\$ 340.79	Total Family premium cost per month	\$ 1,686.25	\$ 252.94
15% paid by employee - monthly		\$ 340.79	15% paid by employee - monthly		\$ 252.94
FAMILY per pay deduction			FAMILY per pay deduction		
Medical/Rx - PPO PLAN		\$ 158.39	Medical/Rx - HSA PLAN		\$ 114.46
Dental/Vision		\$ 12.01	Dental/Vision		\$ 12.01
Per Pay Total		\$ 170.39	Per Pay Total		\$ 126.47
SINGLE Coverage: Medical Mutual PPO/Delta Dental/VSP			SINGLE Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Single premium for PPO Medical/Rx	\$ 993.81	\$ 149.07	Single premium for HSA Medical/Rx	\$ 718.21	\$ 107.73
Single premium for Dental	\$ 49.21	\$ 7.38	Single premium for Dental	\$ 49.21	\$ 7.38
Single premium for Vision	\$ 8.88	\$ 1.33	Single premium for Vision	\$ 8.88	\$ 1.33
Total Single premium cost per month	\$ 1,051.90	\$ 157.79	Total Single premium cost per month	\$ 776.30	\$ 116.45
15% paid by employee - monthly		\$ 157.79	15% paid by employee - monthly		\$ 116.45
SINGLE per pay deduction			SINGLE per pay deduction		
Medical/Rx		\$ 74.54	Medical/Rx		\$ 53.87
Dental/Vision		\$ 4.36	Dental/Vision		\$ 4.36
Per Pay Total		\$ 78.89	Per Pay Total		\$ 58.22

Cuyahoga Heights Public Schools
 Rates in effect through 9/30/24
 Part Time 6-7 hours/day

Health Insurance Rates 2023-2024

FAMILY Coverage: Medical Mutual PPO/Delta Dental/VSP			FAMILY Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Family premium for PPO Medical/Rx	\$ 2,111.82	\$ 527.96	Family premium for HSA Medical/Rx	\$ 1,526.14	\$ 381.54
Family premium for Dental	\$ 140.01	\$ 35.00	Family premium for Dental	\$ 140.01	\$ 35.00
Family premium for Vision	\$ 20.10	\$ 5.03	Family premium for Vision	\$ 20.10	\$ 5.03
Total Family premium cost per month	\$ 2,271.93	\$ 567.98	Total Family premium cost per month	\$ 1,686.25	\$ 421.56
25% paid by employee - monthly		\$ 567.98	25% paid by employee - monthly		\$ 421.56
FAMILY per pay deduction			FAMILY per pay deduction		
Medical/Rx - PPO PLAN		\$ 263.98	Medical/Rx - HSA PLAN		\$ 190.77
Dental/Vision		\$ 20.01	Dental/Vision		\$ 20.01
Per Pay Total		\$ 283.99	Per Pay Total		\$ 210.78
SINGLE Coverage: Medical Mutual PPO/Delta Dental/VSP			SINGLE Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Single premium for PPO Medical/Rx	\$ 993.81	\$ 248.45	Single premium for HSA Medical/Rx	\$ 718.21	\$ 179.55
Single premium for Dental	\$ 49.21	\$ 12.30	Single premium for Dental	\$ 49.21	\$ 12.30
Single premium for Vision	\$ 8.88	\$ 2.22	Single premium for Vision	\$ 8.88	\$ 2.22
Total Single premium cost per month	\$ 1,051.90	\$ 262.98	Total Single premium cost per month	\$ 776.30	\$ 194.08
25% paid by employee - monthly		\$ 262.98	25% paid by employee - monthly		\$ 194.08
SINGLE per pay deduction			SINGLE per pay deduction		
Medical/Rx		\$ 124.23	Medical/Rx		\$ 89.78
Dental/Vision		\$ 7.26	Dental/Vision		\$ 7.26
Per Pay Total		\$ 131.49	Per Pay Total		\$ 97.04

Cuyahoga Heights Public Schools
 Rates in effect through 9/30/24
 Part Time 5-6 hours/day

Health Insurance Rates 2023-2024

FAMILY Coverage: Medical Mutual PPO/Delta Dental/VSP			FAMILY Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Family premium for PPO Medical/Rx	\$ 2,111.82	\$ 791.93	Family premium for HSA Medical/Rx	\$ 1,526.14	\$ 572.30
Family premium for Dental	\$ 140.01	\$ 52.50	Family premium for Dental	\$ 140.01	\$ 52.50
Family premium for Vision	\$ 20.10	\$ 7.54	Family premium for Vision	\$ 20.10	\$ 7.54
Total Family premium cost per month	\$ 2,271.93	\$ 851.97	Total Family premium cost per month	\$ 1,686.25	\$ 632.34
37.5% paid by employee - monthly		\$ 851.97	37.5% paid by employee - monthly		\$ 632.34
FAMILY per pay deduction			FAMILY per pay deduction		
Medical/Rx - PPO PLAN		\$ 395.97	Medical/Rx - HSA PLAN		\$ 286.15
Dental/Vision		\$ 30.02	Dental/Vision		\$ 30.02
Per Pay Total		\$ 425.99	Per Pay Total		\$ 316.17
SINGLE Coverage: Medical Mutual PPO/Delta Dental/VSP			SINGLE Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Single premium for PPO Medical/Rx	\$ 993.81	\$ 372.68	Single premium for HSA Medical/Rx	\$ 718.21	\$ 269.33
Single premium for Dental	\$ 49.21	\$ 18.45	Single premium for Dental	\$ 49.21	\$ 18.45
Single premium for Vision	\$ 8.88	\$ 3.33	Single premium for Vision	\$ 8.88	\$ 3.33
Total Single premium cost per month	\$ 1,051.90	\$ 394.46	Total Single premium cost per month	\$ 776.30	\$ 291.11
37.5% paid by employee - monthly		\$ 394.46	37.5% paid by employee - monthly		\$ 291.11
SINGLE per pay deduction			SINGLE per pay deduction		
Medical/Rx		\$ 186.34	Medical/Rx		\$ 134.66
Dental/Vision		\$ 10.89	Dental/Vision		\$ 10.89
Per Pay Total		\$ 197.23	Per Pay Total		\$ 145.56

Cuyahoga Heights Public Schools
 Rates in effect through 9/30/24
 Part Time 4-5 hours/day

Health Insurance Rates 2023-2024

FAMILY Coverage: Medical Mutual PPO/Delta Dental/VSP			FAMILY Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Family premium for PPO Medical/Rx	\$ 2,111.82	\$ 1,055.91	Family premium for HSA Medical/Rx	\$ 1,526.14	\$ 763.07
Family premium for Dental	\$ 140.01	\$ 70.01	Family premium for Dental	\$ 140.01	\$ 70.01
Family premium for Vision	\$ 20.10	\$ 10.05	Family premium for Vision	\$ 20.10	\$ 10.05
Total Family premium cost per month	\$ 2,271.93	\$ 1,135.97	Total Family premium cost per month	\$ 1,686.25	\$ 843.13
50% paid by employee - monthly		\$ 1,135.97	50% paid by employee - monthly		\$ 843.13
FAMILY per pay deduction			FAMILY per pay deduction		
Medical/Rx - PPO PLAN		\$ 527.96	Medical/Rx - HSA PLAN		\$ 381.54
Dental/Vision		\$ 40.03	Dental/Vision		\$ 40.03
Per Pay Total		\$ 567.98	Per Pay Total		\$ 421.56
SINGLE Coverage: Medical Mutual PPO/Delta Dental/VSP			SINGLE Coverage: Medical Mutual HSA/Delta Dental/VSP		
	Employer Pays	Employee Pays		Employer Pays	Employee Pays
Single premium for PPO Medical/Rx	\$ 993.81	\$ 496.91	Single premium for HSA Medical/Rx	\$ 718.21	\$ 359.11
Single premium for Dental	\$ 49.21	\$ 24.61	Single premium for Dental	\$ 49.21	\$ 24.61
Single premium for Vision	\$ 8.88	\$ 4.44	Single premium for Vision	\$ 8.88	\$ 4.44
Total Single premium cost per month	\$ 1,051.90	\$ 525.95	Total Single premium cost per month	\$ 776.30	\$ 388.15
50% paid by employee - monthly		\$ 525.95	50% paid by employee - monthly		\$ 388.15
SINGLE per pay deduction			SINGLE per pay deduction		
Medical/Rx		\$ 248.45	Medical/Rx		\$ 179.55
Dental/Vision		\$ 14.52	Dental/Vision		\$ 14.52
Per Pay Total		\$ 262.98	Per Pay Total		\$ 194.08