Rates Effective 1/1/25 for Certificated Employees
Bath Local School District

Health Insurance Premiums Per Month		
	MDHP	
	10.0%	
	Single	Family
Employee Share	**$ 147.66**	**$ 366.00**
Board Share	$ 715.94	$ 1,774.58
Total Cost	$ 863.60	$ 2,140.58

Health Insurance Premiums Per Month		
	HDHP	
	10.0%	
	Single	Family
Employee Share	**$ 120.88**	**$ 301.24**
Board Share	$ 647.00	$ 1,602.94
Total Cost	$ 767.88	$ 1,904.18

The Board shall contribute $625.00 (Single) or $1250.00 (Family) annually to an employee's Health Savings Account (HSA) if he/she is enrolled in the HDHP plan.

Dental Insurance Premiums Per Month		
	0.0%	
	Single	Family
Employee Share	**$ 24.90**	**$ 24.90**
Board Share	$ 77.74	$ 77.74
Total Cost	$ 102.64	$ 102.64

PER BEA AGREEMENT
CASH PAYMENT IN LIEU OF INSURANCE $2500.00
Payable the first pay in December of each calendar year.

Vision Insurance Premiums Per Month		
	100% Employee Paid	
Employee Only		**$ 6.78**
EE+Spouse		**$ 12.90**
EE+ Child(ren)		**$ 13.56**
EE+ Family		**$ 19.94**

Life Insurance Premiums Per Month			
Full Time Employee $45,000		Part Time Employee $20,000	
Employee Share	**$ -**	**Employee Share**	**$ -**
Board Share	$ 4.28	Board Share	$ 1.90
Total Cost	$ 4.28	Total Cost	$ 1.90