

Bath Local School District
Rates Effective 1/1/26 for Classified Employees

8.0% MEDICAL, 0% DENTAL

M.D.H.P.

Medical Insurance Premiums Per Month for Single			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 168.38	\$ 764.32	\$ 932.70
6-7	\$ 193.38	\$ 739.32	\$ 932.70
4-5	\$ 507.70	\$ 425.00	\$ 932.70
2-3	\$ 882.70	\$ 50.00	\$ 932.70
Medical Insurance Premiums Per Month for Family			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 417.36	\$ 1,894.46	\$ 2,311.82
6-7	\$ 467.36	\$ 1,844.46	\$ 2,311.82
4-5	\$ 1,681.82	\$ 630.00	\$ 2,311.82
2-3	\$ 2,206.82	\$ 105.00	\$ 2,311.82

H.D.H.P.

Medical Insurance Premiums Per Month for Single			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 139.30	\$ 690.02	\$ 829.32
6-7	\$ 164.30	\$ 665.02	\$ 829.32
4-5	\$ 404.32	\$ 425.00	\$ 829.32
2-3	\$ 779.32	\$ 50.00	\$ 829.32
Medical Insurance Premiums Per Month for Family			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 346.94	\$ 1,709.58	\$ 2,056.52
6-7	\$ 396.94	\$ 1,659.58	\$ 2,056.52
4-5	\$ 1,426.52	\$ 630.00	\$ 2,056.52
2-3	\$ 1,951.52	\$ 105.00	\$ 2,056.52

Classified Retire/Rehire Rates - Family Coverage (Board share = single coverage share)

Medical Insurance Premiums Per Month for Family			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 1,547.50	\$ 764.32	\$ 2,311.82
6-7	\$ 1,572.50	\$ 739.32	\$ 2,311.82
4-5	\$ 1,886.82	\$ 425.00	\$ 2,311.82
2-3	\$ 2,261.82	\$ 50.00	\$ 2,311.82

Medical Insurance Premiums Per Month for Family			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 1,366.50	\$ 690.02	\$ 2,056.52
6-7	\$ 1,391.50	\$ 665.02	\$ 2,056.52
4-5	\$ 1,631.52	\$ 425.00	\$ 2,056.52
2-3	\$ 2,006.52	\$ 50.00	\$ 2,056.52

Dental Insurance - Single Coverage (Monthly Cost)			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 49.84	\$ 52.80	\$ 102.64
6-7	\$ 49.84	\$ 52.80	\$ 102.64
4-5	\$ 49.84	\$ 52.80	\$ 102.64
2-3	\$ 102.64	\$ -	\$ 102.64
Dental Only	\$ 102.64	\$ -	\$ 102.64

Cash in Lieu of Insurance - Board Paid		
Hours/day	Family	Single
8	\$ 2,500.00	\$ 1,500.00
7	\$ 2,500.00	\$ 1,500.00
6	\$ 2,500.00	\$ 1,500.00
5	\$ 1,500.00	\$ 1,500.00
4	\$ 700.00	\$ 400.00
3	\$ 400.00	\$ 200.00
2	\$ 200.00	\$ 100.00

Dental Insurance - Family Coverage (Monthly Cost)			
Hours/day	Employee Pay	Board Pay	Total Cost
8	\$ 49.84	\$ 52.80	\$ 102.64
6-7	\$ 49.84	\$ 52.80	\$ 102.64
4-5	\$ 102.64	\$ -	\$ 102.64
2-3	\$ 102.64	\$ -	\$ 102.64
Dental Only	\$ 102.64	\$ -	\$ 102.64

Board-Paid Life Insurance - \$45,000	
Full Time Employee (30 hrs/week or more)	
Employee Share	\$ -
Board Share	\$ 4.28
Total Cost	\$ 4.28

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

Board Paid Life Insurance - \$20,000	
Part Time Employee (< 30 hrs/week)	
Employee Share	\$ -
Board Share	\$ 1.90
Total Cost	\$ 1.90