

The Local Choice - Monthly Rates 24-25

| | School Board Cost | Employee Cost | Total Cost |
|------------------------------------|----------------------|------------------|---------------|
| Key Advantage 250 | | | |
| with Comprehensive Dental | | | |
| Employee Only | 740.35 | 115.65 | 856.00 |
| Employee and One | 1,155.90 | 428.10 | 1,584.00 |
| Employee and Family | 1,623.94 | 687.06 | 2,311.00 |
| Key Advantage 500 | | | |
| with Comprehensive Dental | | | |
| Employee Only | 726.14 | 48.86 | 775.00 |
| Employee and One | 1,110.25 | 322.75 | 1,433.00 |
| Employee and Family | 1,583.05 | 508.95 | 2,092.00 |
| High Deductible Health Plan | | | |
| With Comprehensive Dental | | | |
| Employee Only | 627.00 | 0.00 | 627.00 |
| Employee and One | 1,055.50 | 104.50 | 1,160.00 |
| Employee and Family | 1,388.00 | 305.00 | 1,693.00 |
| Key Advantage 250 | | | |
| with PREVENTIVE Dental | | | |
| Employee Only | 738.11 | 97.89 | 836.00 |
| Employee and One | 1,141.32 | 403.68 | 1,545.00 |
| Employee and Family | 1,606.44 | 650.56 | 2,257.00 |
| Key Advantage 500 | | | |
| with PREVENTIVE Dental | | | |
| Employee Only | 726.84 | 27.16 | 754.00 |
| Employee and One | 1,105.12 | 288.88 | 1,394.00 |
| Employee and Family | 1,577.50 | 458.50 | 2,036.00 |
| High Deductible Health Plan | | | |
| with PREVENTIVE Dental | | | |
| Employee Only | 606.00 | 0.00 | 606.00 |
| Employee and One | 1,020.00 | 101.00 | 1,121.00 |
| Employee and Family | 1,342.00 | 295.00 | 1,637.00 |

* No longer offering Opt-out

Approved: 3/25/2024