

**TUSCARORA INTERMEDIATE UNIT 2024 - 2025**  
**MEDICAL/DENTAL/VISION RATES AND EMPLOYEE WITHHOLDING**

**20% INCREASE IN MEDICAL COST**

**STANDARD PPO - GENERAL RATES**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 751.54	\$ 687.67	\$ 63.86	\$ 31.93	\$ 42.58
Parent & Child/ren	\$ 1,818.67	\$ 1,591.33	\$ 227.32	\$ 113.66	\$ 151.56
Employee & Spouse	\$ 2,026.06	\$ 1,772.80	\$ 253.24	\$ 126.62	\$ 168.83
Family	\$ 2,314.64	\$ 2,025.31	\$ 289.32	\$ 144.66	\$ 192.88

**QUALIFIED HIGH DEDUCT PLAN - GENERAL RATES**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 706.44	\$ 646.40	\$ 60.04	\$ 30.02	\$ 40.03
Parent & Child/ren	\$ 1,709.52	\$ 1,495.84	\$ 213.70	\$ 106.85	\$ 142.46
Employee & Spouse	\$ 1,904.46	\$ 1,666.40	\$ 238.06	\$ 119.03	\$ 158.70
Family	\$ 2,175.74	\$ 1,903.76	\$ 271.96	\$ 135.98	\$ 181.31

**STANDARD PPO - HEAD START/EARLY HS/PRE-K COUNTS/PARENT AS TEACHERS STAFF RATES (ONLY)**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 751.54	\$ 687.67	\$ 63.86	\$ 31.93	\$ 42.58
Parent & Child/ren	\$ 1,818.67	\$ 1,327.63	\$ 491.04	\$ 245.52	\$ 327.36
Employee & Spouse	\$ 2,026.06	\$ 1,479.02	\$ 547.04	\$ 273.52	\$ 364.69
Family	\$ 2,314.64	\$ 1,689.68	\$ 624.94	\$ 312.47	\$ 416.64

**QUALIFIED HIGH DED PLAN - HEAD START/EARLY HS/PRE-K COUNTS/PARENT AS TEACHERS STAFF RATES (ONLY)**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 706.44	\$ 646.40	\$ 60.04	\$ 30.02	\$ 40.03
Parent & Child/ren	\$ 1,709.52	\$ 1,247.95	\$ 461.56	\$ 230.78	\$ 307.71
Employee & Spouse	\$ 1,904.46	\$ 1,390.26	\$ 514.20	\$ 257.10	\$ 342.80
Family	\$ 2,175.74	\$ 1,588.30	\$ 587.44	\$ 293.72	\$ 391.62

**DENTAL - GENERAL RATES**

**5% INCREASE IN DENTAL COST**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 23.25	\$ 23.25	\$ -	\$ -	\$ -
Family	\$ 68.83	\$ 23.25	\$ 45.58	\$ 22.79	\$ 30.38

**VISION - GENERAL RATES**

<u>Coverage Tier</u>	<u>Monthly Trust Premium Deposit</u>	<u>Monthly TIU Share</u>	<u>Monthly Employee W/H</u>	<u>EE W/H 24 PAYS per pay</u>	<u>EE W/H 18 PAYS per pay</u>
Individual	\$ 6.57	\$ 6.57	\$ -	\$ -	\$ -
Family	\$ 17.24	\$ 6.56	\$ 10.68	\$ 5.34	\$ 7.12