MUHS Insurance Deductions
2024-2025

MEDICAL - KAIROS							
	Coverage	Monthly Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost	Annual Employer H.S.A. Contribution
Co-Pay	Employee Only	745.00	745.00	0.00	0.00	0.00	
	Add Spouse	1,418.00	745.00	403.80	673.00	8,076.00	
	Add Child(ren)	1,267.00	745.00	313.20	522.00	6,264.00	
	Add Family	1,834.00	745.00	653.40	1,089.00	13,068.00	
HDHP $1,600	Employee Only	596.00	745.00	0.00	0.00	0.00	1,788
	Add Spouse	1,129.00	745.00	230.40	384.00	4,608.00	
	Add Child(ren)	1,010.00	745.00	159.00	265.00	3,180.00	
	Add Family	1,463.00	745.00	430.80	718.00	8,616.00	
HDHP $5,000	Employee Only	423.00	745.00	0.00	0.00	0.00	3,864
	Add Spouse	806.00	745.00	36.60	61.00	732.00	
	Add Child(ren)	718.00	745.00	0.00	0.00	0.00	324
	Add Family	1,041.00	745.00	177.60	296.00	3,552.00	

DENTAL AND VISION						
	Coverage	Monthly Premium	District Pays	Bi-Weekly Payroll Deduction	Monthly Employee Cost	Annual Employee Cost
Dental	Employee Only	31.50	31.50	0.00	0.00	0.00
	Add Spouse	67.70	31.50	21.72	36.20	434.40
	Add Child(ren)	82.24	31.50	30.44	50.74	608.88
	Add Family	135.52	31.50	62.41	104.02	1,248.24
Basic Vision	Employee Only	6.08	6.08	0.00	0.00	0.00
	Add Spouse	9.72	6.08	2.18	3.64	43.68
	Add Child(ren)	9.93	6.08	2.31	3.85	46.20
	Add Family	16.00	6.08	5.95	9.92	119.04
Vision with Progressive Lens	Employee Only	7.61	7.61	0.00	0.00	0.00
	Add Spouse	12.17	7.61	2.74	4.56	54.72
	Add Child(ren)	12.42	7.61	2.89	4.81	57.72
	Add Family	20.03	7.61	7.45	12.42	149.04

**Deductions will be taken out from Pay Peirod 4 (Pay Date 8/23/24) through Pay Period 23 (Pay Date 5/16/25)