

FOR DETAILED BENEFIT INFORMATION, PLEASE VISIT <https://compass.empyreanbenefits.com/CSDTRUST>

Costs Per Month (October 1, 2024 through September 30, 2025)

Anthem Medical Coverage	Codes	Anthem \$0 Corridor Plan 10/1/2024	1/2	Codes	Anthem \$500 Corridor Plan 10/1/2024	1/2		Anthem \$1500 Base Corridor 10/1/2024	1/2
	Employee	INOB	\$939.00	\$469.50	INJB	\$853.00	\$426.50	INBB	\$743.00
Spouse	INOD-03	\$983.00	\$491.50	INHD-01	\$896.00	\$448.00	INBD-02	\$801.00	\$400.50
Child(ren)	INOD-04	\$871.00	\$435.50	INHD-02	\$788.00	\$394.00	INBD-03	\$689.00	\$344.50
Family	INOD-05	\$1,608.00	\$804.00	INHD-03	\$1,512.00	\$756.00	INBD-04	\$1,372.00	\$686.00

**CIGNA KIDZ PLAN**

ONE CHILD - \$305.00 Semi-monthly cost \$152.50

TWO OR MORE CHILDREN- \$610.00 Semi-Monthly Cost \$305.00

Dental/Vision	Codes	Delta Dental PPO/EPO Plan 10/1/2024	1/2	Codes	Vision Plan 10/1/2024	1/2	Codes	Anthem HSA	
Employee	INDB	\$24.34	\$12.17	INVD	\$6.82	\$3.41	Employee	\$704.00	\$352.00
Employee + One	125D-01	\$47.84	\$23.92	INVD-02	\$10.24	\$5.12	Spouse	\$739.00	\$369.50
Family	125D-02	\$78.96	\$39.48	INVD-03	\$18.02	\$9.01	Child(ren)	\$649.00	\$324.50
							Family	\$1,247.00	\$623.50

Dental rates are effective October 1, 2024 through September 30, 2025

Vision rates are effective October 1, 2024 through September 30, 2025

MRH School District covers 100%

\*500 Corridor or Anthem HSA is covered.

\*All other amounts could impact your Payroll Deductions. Please see Megan Knickmeyer to discuss any selections that are not 100% paid by MRH.