



**EVERY STUDENT.
EVERY DAY.**

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2024 Health Insurance Premiums

Plan A			
	2024 Premium	Monthly Employee Contribution	Annual District Contribution
Employee	\$ 787	\$ -	\$ 9,446
Employee + Spouse	\$ 1,574	\$ 504	\$ 12,847
Employee + Child(ren)	\$ 1,496	\$ 419	\$ 12,922
Employee + Family	\$ 2,440	\$ 855	\$ 19,023
Dual Employee + Spouse*	\$ 1,496	\$ -	\$ 17,947
Dual Employee + Family*	\$ 2,440	\$ 195	\$ 26,940
Plan B			
	2024 Premium	Monthly Employee Contribution	Annual District Contribution
Employee	\$ 875	\$ 44	\$ 9,971
Employee + Spouse	\$ 1,749	\$ 577	\$ 14,064
Employee + Child(ren)	\$ 1,662	\$ 515	\$ 13,759
Employee + Family	\$ 2,711	\$ 1,003	\$ 20,498
Dual Employee + Spouse*	\$ 1,749	\$ 86	\$ 19,959
Dual Employee + Family*	\$ 2,711	\$ 313	\$ 28,777
Plan C			
	2024 Premium	Monthly Employee Contribution	Annual District Contribution
Employee	\$ 962	\$ 131	\$ 9,971
Employee + Spouse	\$ 1,924	\$ 656	\$ 15,218
Employee + Child(ren)	\$ 1,828	\$ 585	\$ 14,916
Employee + Family	\$ 2,982	\$ 1,193	\$ 21,474
Dual Employee + Spouse*	\$ 1,828	\$ 262	\$ 18,792
Dual Employee + Family*	\$ 2,982	\$ 503	\$ 29,753

**Dual employee premiums will be split equally and deducted from each employee's payroll.*

	Vision (Monthly Premium)	Dental (Monthly Premium)
Employee Only	\$ 8.19	35
Employee + Spouse	\$ 16.26	75
Employee + Child(ren)	\$ 17.84	66
Employee, Spouse + Child(ren)	\$ 25.67	107