

MINIMUM VALUE PLAN RATES
PER MONTH (10 MONTHS) COST OF BENEFITS FOR THE 2025-2026 SCHOOL YEAR
Rates effective 7/1/2025

FTE CONTRACT		ANTHEM MINIMUM VALUE PLAN 5900/11800				KAISER MINIMUM VALUE PLAN 4500/9000				DELTA DENTAL	EYE MED	GROUP LIFE
		SINGLE	EE + SPOUSE	EE + CHILDREN	FAMILY	SINGLE	EE + Spouse	EE + Children	FAMILY			
76-100% OR 6.25 OR MORE HRS PER DAY	100% EMPLOYEE DISTRICT	\$15.00	\$15.00	\$15.00	\$125.00	\$15.00	\$15.00	\$15.00	\$135.00	\$0.00	\$0.00	\$0.00
		\$1,172.71	\$1,172.71	\$1,172.71	\$1,172.71	\$1,172.71	\$1,172.71	\$1,172.71	\$1,172.71	\$131.42	\$15.17	\$13.80
51-75% OR 4 HRS BUT LESS THAN 6.25 HOURS PER DAY	80% EMPLOYEE DISTRICT	\$15.00	\$15.00	\$15.00	\$359.54	\$15.00	\$15.00	\$15.00	\$369.54	\$26.28	\$3.03	\$2.76
		\$938.17	\$938.17	\$938.17	\$938.17	\$938.17	\$938.17	\$938.17	\$938.17	\$105.14	\$12.13	\$11.04
0-50% OR LESS THAN 4 HOURS PER DAY	60% EMPLOYEE DISTRICT	\$15.00	\$15.00	\$15.00	\$594.08	\$15.00	\$15.00	\$15.00	\$604.08	\$52.57	\$6.07	\$5.52
		\$703.62	\$703.62	\$703.62	\$703.62	\$703.62	\$703.62	\$703.62	\$703.62	\$78.85	\$9.10	\$8.28