

Rates effective 7/1/25

"BARGAINING UNIT PER MONTH(10 MONTHS) COST OF BENEFITS FOR THE 2025-2026 SCHOOL YEAR
All Employee contributions for medical, dental and vision will be taken pre-tax 10thly unless the post-tax form is signed"

CLASSIFIED

FTE CONTRACT		MEDICAL								DENTAL		VISION LIFE	
		KAISER DHMO 500		KAISER HMO 30		ABC DHMO 500 SELECT 40 CO PAY		ABC HMO 30 FULL NETWORK		DELTA DENTAL	EYE MED	GROUP LIFE INS.	
6.25 OR MORE HRS PER DAY	100% EMPLOYEE DISTRICT	SINGLE \$250.00 \$1,172.71	FAMILY \$460.00 \$1,172.71	SINGLE \$415.00 \$1,172.71	FAMILY \$680.00 \$1,172.71	SINGLE \$280.00 \$1,172.71	FAMILY \$650.00 \$1,172.71	SINGLE \$355.00 \$1,172.71	FAMILY \$880.00 \$1,172.71	\$0.00 \$131.42	\$0.00 \$15.17	\$0.00 \$13.80	
	80% EMPLOYEE DISTRICT	\$484.54 \$938.17	\$694.54 \$938.17	\$649.54 \$938.17	\$914.54 \$938.17	\$514.54 \$938.17	\$884.54 \$938.17	\$589.54 \$938.17	\$1,114.54 \$938.17	\$26.28 \$105.14	\$3.03 \$12.13	\$2.76 \$11.04	
LESS THAN 4HRS PER DAY	60% EMPLOYEE DISTRICT	\$719.08 \$703.62	\$929.08 \$703.62	\$884.08 \$703.62	\$1,149.08 \$703.62	\$749.08 \$703.62	\$1,119.08 \$703.62	\$824.08 \$703.62	\$1,349.08 \$703.62	\$52.57 \$78.85	\$6.07 \$9.10	\$5.52 \$8.28	

FTE CONTRACT		ABC PPO 500		ABC H.S.A 3000		ABC H.S.A 1600		DELTA DENTAL	EYE MED	GROUP LIFE INS.	COMPLETE CARE
		SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY				
6.25 OR MORE HRS PER DAY	100% EMPLOYEE DISTRICT	\$1,135.00 \$1,172.71	\$3,820.00 \$1,172.71	\$370.00 \$1,172.71	\$1,660.00 \$1,172.71	\$510.00 \$1,172.71	\$1,955.00 \$1,172.71	\$0.00 \$131.42	\$0.00 \$15.17	\$0.00 \$13.80	\$30 employee paid
	80% EMPLOYEE DISTRICT	\$1,369.54 \$938.17	\$4,054.54 \$938.17	\$604.54 \$938.17	\$1,894.54 \$938.17	\$744.54 \$938.17	\$2,189.54 \$938.17	\$26.28 \$105.14	\$3.03 \$12.13	\$2.76 \$11.04	\$30 employee paid
LESS THAN 4HRS PER DAY	60% EMPLOYEE DISTRICT	\$1,604.08 \$703.62	\$4,289.08 \$703.62	\$839.08 \$703.62	\$2,129.08 \$703.62	\$979.08 \$703.62	\$2,424.08 \$703.62	\$52.57 \$78.85	\$6.07 \$9.10	\$5.52 \$8.28	\$30 employee paid