

## BENEFIT RATE SHEET

<u>District Office</u>	<u>Health &amp; Dental Insurance Rates</u>			<i>First Deduction = July 3, 2025</i>	
<b>Full Time</b>	<b>SY 2025-2026</b>			<b>Based on 26 bi-weekly deductions</b>	
<u>HEALTH INSURANCE</u>	<u>Monthly Premium</u>	<u>Annual Premium</u>	<u>District Share</u>	<u>Employee Share</u>	<u>Employee Deductions</u>
		<b>SY 25/26</b>	<b>92%</b>	<b>8%</b>	
<b>Anthem ChoicePlus</b>					
Single	1,056.62	12,679.44	11,665.08	1,014.36	39.01
Adult w/Child(ren)	1,869.99	22,439.88	20,644.69	1,795.19	69.05
2 Adults	2,381.43	28,577.16	26,290.99	2,286.17	87.93
Family	2,898.52	34,782.24	31,999.66	2,782.58	107.02
<b>Anthem Standard</b>					
Single	1,141.01	13,692.12	12,596.75	1,095.37	42.13
Adult w/Child(ren)	2,019.57	24,234.84	22,296.05	1,938.79	74.57
2 Adults	2,571.93	30,863.16	28,394.11	2,469.05	94.96
Family	3,130.40	37,564.80	34,559.62	3,005.18	115.58
<b><u>MSMA DENTAL INSURANCE</u></b>					
<b>Plan A (with orthodontia)</b>					
Single	42.91	514.92	514.92	0.00	0.00
Adult w/Child	81.76	981.12	514.92	466.20	17.93
2 Adults	90.28	1,083.36	514.92	568.44	21.86
Family	141.90	1,702.80	514.92	1,187.88	45.69
<b>Plan B (without orthodontia)</b>					
Single	42.91	514.92	514.92	0.00	0.00
Adult w/Child	79.97	959.64	514.92	444.72	17.10
2 Adults	90.28	1,083.36	514.92	568.44	21.86
Family	125.30	1,503.60	514.92	988.68	38.03
Domestic Partners:	pays 100% of the Single monthly premium				