

## Health Insurance Options and Rates 2025-2026 School Year

### CABINET Active Employees

**Single: 85%    Family: 85%**

Plan	Alt PPO	EPO 20
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### Premiums

#### Single

Monthly Premium	\$1,650.21	\$1,343.31
District Share	\$1,402.68	\$1,141.81
Employee Share	\$247.53	\$201.50
<b>Bi-weekly Deduction</b>	<b>\$123.77</b>	<b>\$100.75</b>

#### Family

Monthly Premium	\$3,679.95	\$2,995.58
District Share	\$3,127.96	\$2,546.24
Employee Share	\$551.99	\$449.34
<b>Bi-weekly Deduction</b>	<b>\$276.00</b>	<b>\$224.67</b>