

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
Bi-weekly Deduction	\$123.77	\$100.75

Family

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