

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

**SUPERINTENDENT**  
**Active Employee**

**Single: 80%    Family: 80%**

Plan	Alt PPO	EPO 20
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### Premiums

#### Single

Monthly Premium	\$1,650.21	\$1,343.31
District Share	\$1,320.17	\$1,074.65
Employee Share	\$330.04	\$268.66
<b>Bi-weekly Deduction</b>	<b>\$165.02</b>	<b>\$134.33</b>

#### Family

Monthly Premium	\$3,679.95	\$2,995.58
District Share	\$2,943.96	\$2,396.46
Employee Share	\$735.99	\$599.12
<b>Bi-weekly Deduction</b>	<b>\$368.00</b>	<b>\$299.56</b>