

# NON-ALIGNED DIRECTORS 2025-2026

The amount listed below will be available for each eligible employee to distribute as he/she designates among benefits or cash. Those eligible for benefits must enroll in at least single health coverage.

Per Month	\$833.33
Per Year	\$10,000.00

When an employee and his/her spouse are both employees of the district, they may pool their district insurance contributions with the following stipulations:

- \*Both must participate in the district health insurance plan, if qualified, and maintain two single, single +1, or a family contract.
- \*Any balance remaining shall be applied toward additional coverage or cash.

## HEALTH INSURANCE

		OPEN ACCESS Cost per Month	ACHIEVE NETWORK Cost per Month
<b>\$40 Co-Pay</b>			
	Single	\$1,070.00	\$1,015.00
	Single +1	\$2,140.00	\$2,030.00
	Family	\$2,658.00	\$2,522.00
<b>\$1,500 Deductible</b>			
	Single	\$841.00	\$798.00
	Single +1	\$1,682.00	\$1,597.00
	Family	\$2,090.00	\$1,984.00
<b>\$3,300 Deductible</b>			
	Single	\$787.00	\$748.00
	Single +1	\$1,576.00	\$1,495.00
	Family	\$1,957.00	\$1,856.00

## DENTAL INSURANCE

		<u>Cost per Month</u>
Single		\$47.00
Single +1		\$94.00
Family		\$155.00

## VISION INSURANCE

		<u>Cost per Month</u>
Single		\$5.39
Single +1		\$10.24
Family		\$15.04

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## HOSPITAL INDEMNITY

### Cost per Month

Employee	\$10.18
EE + Spouse	\$17.23
EE + Child	\$14.29
EE + Family	\$25.54

## ACCIDENT INSURANCE

### Cost per Month

Employee	\$7.45
EE + Spouse	\$12.41
EE + Child	\$15.79
EE + Family	\$20.77

## CRITICAL ILLNESS

Critical Illness insurance is offered to Employee (\$10,000, \$20,000 or \$30,000), Spouse (\$5,000, \$10,000, \$15,000 or \$20,000) at a cost based on age. Child Critical Illness may be purchased at 50% of employee amount at no cost to Employee.

## GROUP LIFE AND AD&D

The district shall provide a group life insurance policy in the amount listed below for each benefit eligible employee.

\$100,000

Accidental death and dismemberment (AD&D) insurance would pay an additional benefit, up to the amount of your life benefit, if you suffer a covered loss due to an accidental injury. The per month cost is listed below.

\$1.00

## LONG TERM DISABILITY (LTD)

The district shall provide a long term disability insurance program for eligible employees. The full premium will be paid by the district. The LTD policy will be at 66.66% of the employee's monthly salary after a 60 day waiting period.

## RETIREMENT BENEFITS

### Public Employees Retirement Association (PERA)

Dist. Contribution	7.50%
Emp. Contribution	6.50%

### Teachers Retirement Association (TRA)

Dist. Contribution	9.50%
Emp. Contribution	8.00%

### Deferred Compensation (403(b)/457 Accounts)

Years of Service	Annual Dist. Match
Beginning 1+	\$4,000.00