

## 2025-2026 HEALTH AND DENTAL RATES

Effective July 1, 2025, Insurance Premiums will increase. Listed below are the 2025-26 school year bi-weekly payroll deductions. Please note the rate changes will begin in the **June 5, 2025 paycheck.**

**In the June 18, 2025 paycheck,** we will be deducting the necessary employee share for **10 month employees** to cover the months of July and August as well as your normal bi-weekly deduction. These amounts are shown below in the 6/18/25 summer deduction column. **Support Staff** will have the difference in premium for Jul-Sept deducted in the 6/18/25 paycheck.

<b>Teachers</b>		<b>Monthly Premium</b>	<b>Employee %</b>	<b>Per Month</b>	<b>Per Pay</b>	<b>6/18/25 Summer Deduction</b>
<b>Anthem PPO</b>	Individual	\$1,339.98		\$618.92	\$309.46	\$1,547.30
	2-Person	\$2,612.94		\$1,206.80	\$603.40	\$3,017.00
	Family	\$3,885.93		\$1,794.78	\$897.39	\$4,486.95
<b>Anthem HRA</b>	Individual	\$828.83	13%	\$107.76	\$53.88	\$269.40
	2-Person	\$1,616.27	13%	\$210.12	\$105.06	\$525.30
	Family	\$2,403.63	13%	\$312.48	\$156.24	\$781.20
<b>Anthem Alternate PPO</b>	Individual	\$1,136.92		\$415.86	\$207.93	\$1,039.65
	2-Person	\$2,216.90		\$810.76	\$405.38	\$2,026.90
	Family	\$3,297.06		\$1,205.92	\$602.96	\$3,014.80

<b>Nurses</b>		<b>Monthly Premium</b>	<b>Employee %</b>	<b>Per Month</b>	<b>Per Pay</b>	<b>6/18/25 Summer Deduction</b>
<b>Anthem PPO</b>	Individual	\$1,339.98		\$618.92	\$309.46	\$1,547.30
	2-Person	\$2,612.94		\$1,206.80	\$603.40	\$3,017.00
	Family	\$3,885.93		\$1,794.78	\$897.39	\$4,486.95
<b>Anthem HRA</b>	Individual	\$828.83	13%	\$107.76	\$53.88	\$269.40
	2-Person	\$1,616.27	13%	\$210.12	\$105.06	\$525.30
	Family	\$2,403.63	13%	\$312.48	\$156.24	\$781.20
<b>Anthem Alternate PPO</b>	Individual	\$1,136.92		\$415.86	\$207.93	\$1,039.65
	2-Person	\$2,216.90		\$810.76	\$405.38	\$2,026.90
	Family	\$3,297.06		\$1,205.92	\$602.96	\$3,014.80

<b>CSEA</b>		<b>Monthly Premium</b>	<b>Employee %</b>	<b>Per Month</b>	<b>Per Pay</b>	
<b>Anthem PPO</b>	Individual	\$1,339.98		\$635.48	\$317.74	
	2-Person	\$2,612.94		\$1,239.12	\$619.56	
	Family	\$3,885.93		\$1,842.84	\$921.42	
<b>Anthem HRA</b>	Individual	\$828.83	15%	\$124.32	\$62.16	
	2-Person	\$1,616.27	15%	\$242.44	\$121.22	
	Family	\$2,403.63	15%	\$360.54	\$180.27	
<b>Anthem Alternate PPO</b>	Individual	\$1,136.92		\$432.42	\$216.21	
	2-Person	\$2,216.90		\$843.08	\$421.54	
	Family	\$3,297.06		\$1,253.98	\$626.99	

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<u>Secretaries</u>		Monthly Premium	Employee %	Per Month	Per Pay	<u>N/A - 12 Month Employees</u>
<b>Anthem PPO</b>	Individual	\$1,339.98		\$676.94	\$338.47	
	2-Person	\$2,612.94		\$1,319.94	\$659.97	
	Family	\$3,885.93		\$1,963.04	\$981.52	
<b>Anthem HRA</b>	Individual	\$828.83	20%	\$165.78	\$82.89	
	2-Person	\$1,616.27	20%	\$323.26	\$161.63	
	Family	\$2,403.63	20%	\$480.74	\$240.37	
<b>Anthem Alternate PPO</b>	Individual	\$1,136.92		\$473.88	\$236.94	
	2-Person	\$2,216.90		\$923.90	\$461.95	
	Family	\$3,297.06		\$1,374.18	\$687.09	

\*\*\* Please note - Employees hired on or after July 1, 2022 can only enroll in the HRA plan.

<u>Support Staff</u>		Monthly Premium	Employee %	Per Month	Per Pay	6/18/25 Addtl amount for difference in Jul-Sept premium
<b>Anthem PPO</b>	Individual	\$1,339.98		\$635.47	\$381.28	\$8.91
	2-Person	\$2,612.94		\$1,239.12	\$743.47	\$17.44
	Family	\$3,885.93		\$1,842.85	\$1,105.71	\$25.93
<b>Anthem HRA</b>	Individual	\$828.83	15%	\$124.32	\$74.59	\$70.26
	2-Person	\$1,616.27	15%	\$242.45	\$145.47	\$137.08
	Family	\$2,403.63	15%	\$360.55	\$216.33	\$203.83
<b>Anthem Alternate PPO</b>	Individual	\$1,136.92		\$432.42	\$259.45	\$83.93
	2-Person	\$2,216.90		\$843.08	\$505.85	\$163.72
	Family	\$3,297.06		\$1,253.98	\$752.39	\$243.41

\*\*\* Please note - Employees hired on or after December 1, 2019 can only enroll in the HRA plan.

<u>Administrators</u>		Monthly Premium	Employee %	Per Month	Per Pay	<u>N/A - 12 Month Employees</u>
<b>Anthem HRA</b>	Individual	\$828.83	21.5%	\$178.20	\$89.10	
	2-Person	\$1,616.27	21.5%	\$347.50	\$173.75	
	Family	\$2,403.63	21.5%	\$516.78	\$258.39	

<u>DENTAL INSURANCE</u>		Per Month	Per Pay	6/18/25 Summer Deduction
	Individual	\$0.00	\$0.00	\$0.00
	Family	\$18.76	\$9.38	\$46.90

<u>CSEA DENTAL INSURANCE</u>		Per Month	Per Pay	<u>N/A - 12 Month Employees</u>
		\$79.64	\$39.82	

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