

COOPERATIVE EDUCATIONAL SERVICES  
INSURANCE PREMIUM RATES  
EFFECTIVE 07/01/2025 - 06/30/2026

CIGMA MEDICAL COVERAGE CLASS	AGENCY MONTHLY PREMIUM COST	EMPLOYEE MONTHLY COST	10 MONTH STAFF DEDUCTION FOR 20 PAYS	12 MONTH STAFF DEDUCTION FOR 24 PAYS
EMPLOYEE	\$970.07	\$223.12	\$133.88	\$111.56
EMPLOYEE + CHILD(REN)	\$1,998.27	\$459.60	\$275.76	\$229.80
EMPLOYEE + SPOUSE	\$2,231.90	\$513.34	\$308.01	\$256.67
FAMILY	\$2,853.00	\$656.19	\$393.72	\$328.10
CIGMA DENTAL COVERAGE CLASS				
EMPLOYEE	\$46.27	\$10.64	\$6.39	\$5.32
EMPLOYEE + DEPENDENTS	\$120.51	\$27.72	\$16.64	\$13.86

NOTE #1: Employees who work less than 1.0 FTE but more than 30 hours per week may choose to participate in medical and dental insurance coverages but will be responsible for a pro-rated insurance cost.

NOTE #2: The deductible for Individual Employee Coverage is \$2,250.

The deductible for Employee + Child(ren); Employee + Spouse; and for Family Coverage is \$4,500.