

# TEACHERS

## 2025-2026 HEALTH INSURANCE PLAN COSTS

*\* Employee Contributions are deducted over 24 paychecks per school year*

PPO PLAN	<u>PPO 700</u>		EMPLOYEE PLUS CHILDREN		EMPLOYEE PLUS FAMILY	
		EMPLOYEE	PLUS SPOUSE	CHILDREN	FAMILY	
	Plan Cost Per Year	\$13,648.08	\$26,204.52	\$25,521.96	\$31,257.72	
	Employee Contribution Per Year	\$1,364.81	\$13,129.25	\$12,446.69	\$18,182.45	
HMO PLAN	<u>HMO</u>		EMPLOYEE PLUS CHILDREN		EMPLOYEE PLUS FAMILY	
		EMPLOYEE	PLUS SPOUSE	CHILDREN	FAMILY	
	Plan Cost Per Year	\$8,938.20	\$17,161.20	\$16,714.44	\$21,792.12	
	Employee Contribution Per Year	\$893.82	\$6,864.48	\$6,685.78	\$8,716.85	
DENTAL PLANS	<u>METLIFE</u>		EMPLOYEE		FAMILY	
	Plan Cost Per Year		\$404.76		\$1,532.64	
	Employee Contribution Per Year		\$44.76		\$1,172.64	
	Employee Contribution Per Check		\$1.87		\$48.86	
	<u>HMO</u>		EMPLOYEE		FAMILY	
	Plan Cost Per Year		\$434.04		\$1,163.76	
VISION PLAN	<u>VSP VISION CARE</u>		EMPLOYEE		FAMILY	
	Plan Cost Per Year		\$140.52		\$302.16	
	Employee Contribution Per Year		\$140.52		\$302.16	
	Employee Contribution Per Check		\$5.86		\$12.59	