

TEACHERS

2025-2026 HEALTH INSURANCE PLAN COSTS

* Employee Contributions are deducted over 24 paychecks per school year

PPO PLAN

PPO 700

| | EMPLOYEE | EMPLOYEE PLUS SPOUSE | EMPLOYEE PLUS CHILDREN | EMPLOYEE PLUS 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 |
| Employee Contribution Per Check | \$56.87 | \$547.05 | \$518.61 | \$757.60 |

HMO PLAN

HMO

| | EMPLOYEE | EMPLOYEE PLUS SPOUSE | EMPLOYEE PLUS CHILDREN | EMPLOYEE PLUS 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 |
| Employee Contribution Per Check | \$37.24 | \$286.02 | \$278.57 | \$363.20 |

DENTAL PLANS

METLIFE

| | 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 |

HMO

| | EMPLOYEE | FAMILY |
|---------------------------------|----------|------------|
| Plan Cost Per Year | \$434.04 | \$1,163.76 |
| Employee Contribution Per Year | \$74.04 | \$803.76 |
| Employee Contribution Per Check | \$3.09 | \$33.49 |

VISION PLAN

VSP VISION CARE

| | 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 |