

FY2025/26 MONTHLY PREMIUMS

EFFECTIVE 7/1/25

12-MONTH EMPLOYEE PREMIUMS

Premiums are calculated per month. The amount under the “Employee” column is what the employee pays per month. The amount under the “District” column is the amount District 11 pays for your benefits per month.

BUY-UP PLAN (KAISER 1500)

MEDICAL– BUY-UP PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$187.80	\$563.39	\$751.18
EMPLOYEE + SPOUSE	\$494.50	\$1,153.82	\$1,648.32
EMPLOYEE + CHILD(REN)	\$407.73	\$951.38	\$1,359.11
EMPLOYEE + FAMILY	\$647.96	\$1,511.91	\$2,159.87

BASE PLAN (KAISER 4000)

MEDICAL– BASE PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$96.13	\$563.39	\$659.51
EMPLOYEE + SPOUSE	\$291.57	\$1153.82	\$1,445.39
EMPLOYEE + CHILD(REN)	\$240.69	\$951.38	\$1,192.07
EMPLOYEE + FAMILY	\$381.56	\$1,511.91	\$1,893.47

DELTA DENTAL PPO+PREMIER GROUP #1563	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$13.08	\$39.24	\$52.32
EMPLOYEE + FAMILY	\$68.82	\$39.24	\$108.06

DELTA DENTAL PPO (IN- NETWORK ONLY) GROUP #9098	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$8.22	\$24.67	\$32.89
EMPLOYEE + FAMILY	\$51.81	\$24.67	\$76.48

EYEMED VISION ACCESS PLAN #9764168	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$1.37	\$4.18	\$5.55
EMPLOYEE + FAMILY	\$11.15	\$4.18	\$15.33

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FOOD SERVICE—9-MONTH EMPLOYEE PREMIUMS

The 9-month rates are calculated for food service employees because this group pays for 12 months of coverage in 9 months. The amount under the “Employee” column is what the employee pays per month. The amount under the “District” column is the amount District 11 pays for your benefits per month.

BUY-UP PLAN (KAISER 1500)

MEDICAL— BUY-UP PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$250.39	\$751.18	\$1001.57
EMPLOYEE + SPOUSE	\$659.33	\$1,538.43	\$2,197.76
EMPLOYEE + CHILD(REN)	\$543.64	\$1,268.50	\$1,812.15
EMPLOYEE + FAMILY	\$863.95	\$2,015.88	\$2,879.83

BASE PLAN (KAISER 4000)

MEDICAL— BASE PLAN	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$128.38	\$750.96	\$879.35
EMPLOYEE + SPOUSE	\$389.29	\$1,537.89	\$1,927.19
EMPLOYEE + CHILD(REN)	\$321.06	\$1,268.36	\$1,589.43
EMPLOYEE + FAMILY	\$509.97	\$2,014.65	\$2,524.63

DELTA DENTAL PPO+PREMIER GROUP #1563	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$17.44	\$52.32	\$69.76
EMPLOYEE + FAMILY	\$91.76	\$52.32	\$144.08

DELTA DENTAL PPO (IN- NETWORK ONLY) GROUP #9098	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$10.96	\$32.89	\$43.85
EMPLOYEE + FAMILY	\$69.08	\$32.89	\$101.97

EYEMED VISION ACCESS PLAN #9764168	EMPLOYEE COST- Monthly	DISTRICT COST- Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$1.85	\$5.55	\$7.40
EMPLOYEE + FAMILY	\$14.89	\$5.55	\$20.44

FY2025/26 PRORATION OF MONTHLY PREMIUMS

TEACHERS ONLY

RATES EFFECTIVE 07/01/2025 THROUGH 06/30/2026

Insurance premiums will be prorated for all **teachers** working less than 6 hours a day. If your hours fall into one of the categories listed below, the insurance rates will be pro-rated. See example below.

EMPLOYEE COST- MONTHLY

.75 - 1.0 FTE 90-100%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$187.80	\$96.13	\$13.08	\$8.22	\$1.37
EMPLOYEE + SPOUSE	\$494.50	\$291.57	————	————	————
EMPLOYEE + CHILD(REN)	\$407.73	\$240.69	————	————	————
EMPLOYEE + FAMILY	\$647.96	\$381.56	\$68.82	\$51.81	\$11.15
.71 - .74 FTE 80%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$300.47	\$208.80	\$20.98	\$13.16	\$2.21
EMPLOYEE + SPOUSE	\$725.26	\$522.33	————	————	————
EMPLOYEE + CHILD(REN)	\$598.01	\$430.97	————	————	————
EMPLOYEE + FAMILY	\$950.34	\$683.94	\$76.67	\$56.75	\$11.99
.61 - .70 FTE 70%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$356.81	\$265.14	\$24.85	\$15.62	\$2.62
EMPLOYEE + SPOUSE	\$840.64	\$637.72	————	————	————
EMPLOYEE + CHILD(REN)	\$693.15	\$526.10	————	————	————
EMPLOYEE + FAMILY	\$1,101.53	\$835.13	\$80.59	\$59.21	\$12.40
.51 - .60 FTE 60%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$413.15	\$321.48	\$28.78	\$18.09	\$3.04
EMPLOYEE + SPOUSE	\$956.03	\$753.10	————	————	————
EMPLOYEE + CHILD(REN)	\$788.28	\$621.24	————	————	————
EMPLOYEE + FAMILY	\$1,252.72	\$986.32	\$84.52	\$61.68	\$12.82
.41 - .50 FTE 50%	MEDICAL BUY-UP PLAN	MEDICAL BASE PLAN	DENTAL PPO+PREMIER	DENTAL PPO IN-NETWORK ONLY	EYEMED VISION
EMPLOYEE ONLY	\$469.49	\$377.82	\$32.70	\$20.56	\$3.46
EMPLOYEE + SPOUSE	\$1,071.41	\$868.48	————	————	————
EMPLOYEE + CHILD(REN)	\$883.42	\$716.38	————	————	————
EMPLOYEE + FAMILY	\$1,403.92	\$1,137.52	\$88.44	\$64.15	\$13.24