2025-2026 HEALTH INSURANCE CO-PAY SCHEDULE

TEACHERS

Effective 7/01/2025

	Monthly	Annual	Annual Co-Pay Employer	Annual Co-Pay 20%
BC/BS High Deductible Plan with Vision Group # 764-0003				
Family	1,925.11	23,101.32	**18,481.06**	**4,620.26**
Individual	739.17	8,870.04	**7,096.03**	**1,774.01**
Savings Account		**EE Portion**		
Family HSA $4000 Deductible	-	2,000.00		
Individual HSA $2000 Deductible	-	1,000.00		
BC/BS Co Insurance PPO* with Vision Group # 764-0007				
Family	2,272.03	27,264.36	**21,811.49**	**5,452.87**
Individual	872.36	10,468.32	**8,374.66**	**2,093.66**
Delta Dental - $1500/Ann. Max Group# 5885-0412				
Individual	30.66	367.92	**294.34**	**73.58**
Family	92.51	1,110.12	**888.10**	**222.02**

Co-Pay Per Check	20%	Employer
High Deductible Plan: over 26 pays		26 Wk
	177.70	710.81
	68.23	272.92
H S A Contribution: over 26 pays		
	76.92	
	38.46	
Co-Insurance: over 26 pays		
	209.73	838.90
	80.53	322.10
Dental: over 26 pays		
	2.83	11.32
	8.54	34.16

*** Co Insurance PPO for employees ineligible for an HSA, retiring or new hires mid year**

* Rates subject to change