2025-2026 HEALTH INSURANCE CO-PAY SCHEDULE

Non-Certified Staff

Effective 7/1/2025

		Monthly	Annual	Annual Co-Shares				Co-Pay Per Pay Period			
				17% Annual		20% Annual		17% - 26 Pay Periods		20% - 26 Pay Periods	
				Employer	17%	Employer	20%	17% EE	17% ER	20% EE	20% ER
BC/BS H S A Plan w/Vision											
Group # 764-0008 High Deductible											
Family		1,996.57	23,958.84	19,885.84	4,073.00	19,167.07	4,791.77	156.65	764.84	184.30	737.20
Individual		766.64	9,199.68	7,635.73	1,563.95	7,359.74	1,839.94	60.15	293.68	70.77	283.07
Savings Account - H S A Contribution			**EE Portion**								
Family HSA	$3500 Deductible	0.00	1,300.00					50.00		50.00	
Individual HSA	$1750 Deductible	0.00	500.00					19.23		19.23	
BC/BS Co Insurance PPO* w/Vision											
Group # 764-0012											
Family		2,272.03	27,264.36	22,629.42	4,634.94	21,811.49	5,452.87	178.27	870.36	209.73	838.90
Individual		872.36	10,468.32	8,688.71	1,779.61	8,374.66	2,093.66	68.45	334.18	80.53	322.10
Delta Dental											
Group # 5885-0410											
Individual		30.66	367.92	305.37	62.55	294.34	73.58	2.41	11.75	2.83	11.32
Family		92.51	1,110.12	921.40	188.72	888.10	222.02	7.26	35.44	8.54	34.16

*** Co Insurance PPO for employees ineligible for an H S A, retiring or new hires mid year**

* Rates subject to change