



BREWSTER CENTRAL SCHOOL DISTRICT

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Employee Healthcare Cost Summary

Annual District Premium Costs

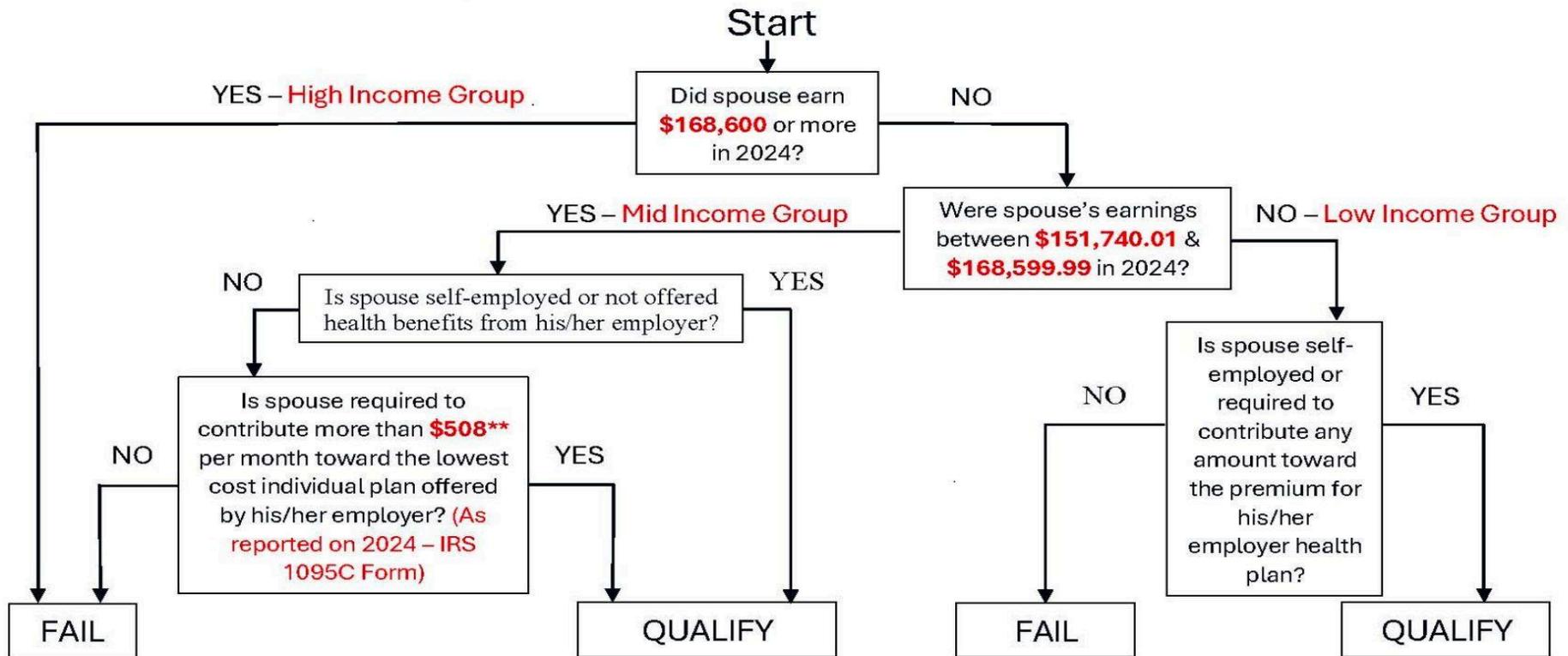
Coverage Tier	FY 2024/2025	FY 2025/2026
Employee Only	\$11,724	\$12,180
Employee + 1 Dependent (Spouse or Child)	\$28,152	\$29,244
Employee + Family	\$30,708	\$31,908

Employee cost is based on the percent noted in the individual’s collective bargaining agreement or individual contract. Costs are prorated based on the date of enrollment. Employee costs are paid over a 10-month/20 pay-period schedule regardless of an employee’s 10-month or 12-month status.

Please note that an employee’s spouse must meet the qualifications under the **Working Spouse Rule** to be eligible for primary coverage without an additional “buy-in” cost as noted on the subsequent page. Specific questions should be directed to our Health Benefits Assistant, Aliza Trupia.

Spousal and Dependent Eligibility Rule

July 1, 2025 – June 30, 2026, Flow Chart



- **FAIL** – Spouse is required to purchase other primary health insurance or the emp/ret will be charged a buy-in amount of **\$508** (Low-Income and Mid-Income Group)** or **\$762** (High-Income Group)** for covering the spouse primary on the plan. This additional premium buy-in is in addition to any other premium cost sharing that the district requires.
- **QUALIFY** – Spouse is NOT required to purchase other primary health insurance or be charged a buy-in amount for covering the spouse primary on the plan.