To enroll in Benefits, logon to the portal at
https://tyler-paradisevalleyusdaz.okta.com

PVSchools
A Journey of Excellence

2025/26 Rate Sheet

Medical	Tier	Total Monthly Premium	District Contribution for EE Only	District Contribution for Dependent(s)	District Cost Per Month	**Employee Cost Per Month**	Bi-Weekly Deduction *	District HSA Contribution per Month	Total District Cost per Month with HSA
TRADITIONAL CHOICE PLUS	EE Only	$813.76	$726.33	$0.00	$726.33	**$87.43**	$49.96		
	EE + Spouse	$1,792.20	$726.33	$244.30	$970.63	**$821.57**	$469.47		
	EE +Child(ren)	$1,587.85	$726.33	$135.81	$862.14	**$725.71**	$414.69		
	EE + Family	$2,441.28	$726.33	$557.25	$1,283.58	**$1,157.70**	$661.54		
HDHP CHOICE PLUS	EE Only	$739.24	$739.24	$0.00	$739.24	**$0.00**	$0.00	$50.00	$789.24
	EE + Spouse	$1,590.26	$739.24	$213.67	$952.91	**$637.35**	$364.20	$75.00	$1,027.91
	EE +Child(ren)	$1,412.36	$739.24	$115.24	$854.48	**$557.88**	$318.79	$75.00	$929.48
	EE + Family	$2,158.81	$739.24	$520.44	$1,259.68	**$899.13**	$513.79	$75.00	$1,334.68

Contact the Benefits Office for the **DUAL** rate

Dental	Tier	Total Monthly Premium	Employee Bi-Weekly Deduction*
CORE PLAN	EE ONLY	$28.00	$16.00
	EE + 1 or more	$77.00	$44.00
ADVANTAGE PLAN	EE ONLY	$43.00	$24.57
	EE + 1 or more	$122.00	$69.71

Vision	Tier	Total Monthly Premium	Employee Bi-Weekly Deduction*
LOW PLAN	EE ONLY	$7.00	$4.00
	EE + Spouse	$13.00	$7.43
	EE + Child(ren)	$14.00	$8.00
	EE + Family	$23.00	$13.14

Rates on **Short Term Disability** and **Voluntary Life Insurance** will vary.
Premiums are typically based on: the plan, level of coverage and age.

*The published *Bi-Weekly* amount is based on 21 pay period deductions with 12 months of coverage.

NOTE: Bi-weekly deductions are calculated by multiplying the above premium by the number of months of coverage then divided by the number of pay periods remaining. Please keep in mind that the rates quoted online through the *Benefits Portal* are an estimate only as deductions may take up to 2 pay periods to process.

3/30/25DC