

**PARKWAY
HEALTH INSURANCE RATES
PER CHECK COSTS
FULL-TIME EMPLOYEES-NON YEAR ROUND**

JANUARY 1, 2026 UHC BASE PLAN (OPTION 1)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	66.67	633.32	699.99
EMP/SPOUSE	277.45	874.60	1,152.04
EMP/SPOUSE/1CHILD	380.72	992.81	1,373.53
EMP/SPOUSE/2+ CHILDREN	492.49	1,120.79	1,613.29
EMP/1 CHILD	169.89	751.49	921.39
EMP/2+ CHILDREN	277.45	874.60	1,152.04

JANUARY 1, 2026 UHC HIGH DEDUCTIBLE (HSA)			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	633.32	633.32
EMP/SPOUSE	104.21	874.60	978.80
EMP/SPOUSE/1CHILD	200.37	992.81	1,193.19
EMP/SPOUSE/2+ CHILDREN	296.59	1,120.79	1,417.37
EMP/1 CHILD	56.12	751.49	807.61
EMP/2+ CHILDREN	120.24	874.60	994.84

******* For the high deductible plan, the District will be contributing \$696.00 on the first payroll in January and then \$55 per payroll per employee into the Employees Health Savings Account thereafter. For a total of \$1,961 Employees starting after the new year will have a pro-rated contribution.**

JANUARY 1, 2026 PARKWAY DENTAL DELTA DENTAL			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	31.78	31.78
EMP/SPOUSE	11.36	44.27	55.63
EMP/SPOUSE/1+ CHILD	28.91	63.66	92.58
EMP/1+ CHILD	17.56	51.13	68.69

JANUARY 1, 2026 VISION RATES			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	3.40	3.40
EMP/1 DEPENDENT	1.35	4.74	6.09
EMP/2+ DEPENDENT	2.60	6.00	8.60

Withholdings are only made on the first and second check of each month.