

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

<b>JANUARY 1, 2026 UHC BASE PLAN (OPTION 1)</b>			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	50.00	474.99	524.99
EMP/SPOUSE	208.09	655.95	864.03
EMP/SPOUSE/1CHILD	285.54	744.61	1030.15
EMP/SPOUSE/2+ CHILDREN	369.37	840.59	1209.97
EMP/1 CHILD	127.42	563.62	691.04
EMP/2+ CHILDREN	208.09	655.95	864.03

<b>JANUARY 1, 2026 UHC HIGH DEDUCTIBLE (HSA)</b>			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	474.99	474.99
EMP/SPOUSE	78.16	655.95	734.10
EMP/SPOUSE/1CHILD	150.28	744.61	894.89
EMP/SPOUSE/2+ CHILDREN	222.44	840.59	1063.03
EMP/1 CHILD	42.09	563.62	605.71
EMP/2+ CHILDREN	90.18	655.95	746.13

**\*\*\*\*\* 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.**

<b>JANUARY 1, 2026 PARKWAY DENTAL DELTA DENTAL</b>			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	25.16	25.16
EMP/SPOUSE	8.99	35.05	44.04
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29
EMP/1+ CHILD	13.90	40.48	54.38

<b>JANUARY 1, 2026 VISION RATES</b>			
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	2.69	2.69
EMP/1 DEPENDENT	1.07	3.75	4.82
EMP/2+ DEPENDENT	2.06	4.75	6.81

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