

**PARKWAY
HEALTH INSURANCE RATES
PER-CHECK COSTS
PART-TIME CERTIFICATED &
PARENT EDUCATORS**

	January 1, 2026 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	287.49	237.50	524.99
EMP/SPOUSE	536.05	327.98	864.03
EMP/SPOUSE/1CHILD	657.84	372.31	1,030.15
EMP/SPOUSE/2+ CHILDREN	789.67	420.30	1,209.97
EMP/1 CHILD	409.23	281.81	691.04
EMP/2+ CHILDREN	536.05	327.98	864.03

	January 1, 2026 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	237.49	237.50	474.99
EMP/SPOUSE	406.12	327.98	734.10
EMP/SPOUSE/1CHILD	522.58	372.31	894.89
EMP/SPOUSE/2+ CHILDREN	642.73	420.30	1,063.03
EMP/1 CHILD	323.90	281.81	605.71
EMP/2+ CHILDREN	418.15	327.98	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.

	January 1, 2026 PARKWAY DENTAL DELTA DENTAL		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	12.58	12.58	25.16
EMP/SPOUSE	26.51	17.53	44.04
EMP/SPOUSE/1+ CHILD	48.09	25.20	73.29
EMP/1+ CHILD	34.14	20.24	54.38

	January 1, 2026 EYE MED VISION		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	1.34	1.35	2.69
EMP/1 DEPENDENT	2.85	1.88	4.82
EMP/2+ DEPENDENT	4.30	2.38	6.81