



Escambia County School District

2026 Funding Rates, ECSD Subsidy, and Employee/Retiree/LOA/Cobra Premiums

Note: Wellness Bonuses (EE-\$40/Monthly, Non-EE Spouse-\$30) Can Be Earned For Completing Wellness Incentive Program

Instructional, Administrative, Professional, Retirees, LOA, Cobra (Monthly Rates)			
TIER	Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premiums
NHP (Narrow Network)			
Employee Only	\$685.15	\$616.63	\$68.52
Employee+Spouse	\$1,438.82	\$1,093.50	\$345.32
Employee+Child(ren)	\$1,233.28	\$937.29	\$295.99
Employee+Family	\$2,055.46	\$1,562.15	\$493.31
Dual Spouse	\$1,438.82	\$1,323.71	\$115.11
Dual Spouse+Family	\$2,055.46	\$1,849.91	\$205.55
Cobra (Participant)	\$698.85	\$0.00	\$698.85
Cobra+Spouse	\$1,467.60	\$0.00	\$1,467.60
Cobra+Child(ren)	\$1,257.95	\$0.00	\$1,257.95
Cobra+Family	\$2,096.57	\$0.00	\$2,096.57
Retiree Only & LOA	\$685.15	\$0.00	\$685.15
Retiree+Spouse & LOA	\$1,438.82	\$0.00	\$1,438.82
Retiree+Child(ren) & LOA	\$1,233.28	\$0.00	\$1,233.28
Retiree+Family & LOA	\$2,055.46	\$0.00	\$2,055.46
HSA PLAN			
Employee Only	\$698.87	\$615.01	\$83.86
Employee+Spouse	\$1,467.63	\$1,086.05	\$381.58
Employee+Child(ren)	\$1,257.97	\$930.90	\$327.07
Employee+Family	\$2,096.61	\$1,551.49	\$545.12
Dual Spouse	\$1,467.63	\$1,320.87	\$146.76
Dual Spouse+Family	\$2,096.61	\$1,845.02	\$251.59
Cobra (Participant)	\$712.85	\$0.00	\$712.85
Cobra+Spouse	\$1,496.98	\$0.00	\$1,496.98
Cobra+Child(ren)	\$1,283.13	\$0.00	\$1,283.13
Cobra+Family	\$2,138.54	\$0.00	\$2,138.54
Retiree Only & LOA	\$698.87	\$0.00	\$698.87
Retiree+Spouse & LOA	\$1,467.63	\$0.00	\$1,467.63
Retiree+Child(ren) & LOA	\$1,257.97	\$0.00	\$1,257.97
Retiree+Family & LOA	\$2,096.61	\$0.00	\$2,096.61
BASE HRA PLAN:			
Employee Only	\$705.53	\$543.26	\$162.27
Employee+Spouse	\$1,481.60	\$933.41	\$548.19
Employee+Child(ren)	\$1,269.95	\$800.07	\$469.88
Employee+Family	\$2,116.58	\$1,333.45	\$783.13
Dual Spouse	\$1,481.60	\$1,170.46	\$311.14
Dual Spouse+Family	\$2,116.58	\$1,629.77	\$486.81
Cobra (Participant)	\$719.64	\$0.00	\$719.64
Cobra+Spouse	\$1,511.23	\$0.00	\$1,511.23
Cobra+Child(ren)	\$1,295.35	\$0.00	\$1,295.35
Cobra+Family	\$2,158.91	\$0.00	\$2,158.91
Retiree Only & LOA	\$705.53	\$0.00	\$705.53
Retiree+Spouse & LOA	\$1,481.60	\$0.00	\$1,481.60
Retiree+Child(ren) & LOA	\$1,269.95	\$0.00	\$1,269.95
Retiree+Family & LOA	\$2,116.58	\$0.00	\$2,116.58
SUREST PLAN			
Employee Only	\$734.65	\$514.26	\$220.39
Employee+Spouse	\$1,542.75	\$863.94	\$678.81
Employee+Child(ren)	\$1,322.36	\$740.52	\$581.84
Employee+Family	\$2,203.94	\$1,234.21	\$969.73
Dual Spouse	\$1,542.75	\$1,110.78	\$431.97
Dual Spouse+Family	\$2,203.94	\$1,542.76	\$661.18
Cobra (Participant)	\$749.34	\$0.00	\$749.34
Cobra+Spouse	\$1,573.61	\$0.00	\$1,573.61
Cobra+Child(ren)	\$1,348.81	\$0.00	\$1,348.81
Cobra+Family	\$2,248.02	\$0.00	\$2,248.02
Retiree Only & LOA	\$734.65	\$0.00	\$734.65
Retiree+Spouse & LOA	\$1,542.75	\$0.00	\$1,542.75
Retiree+Child(ren) & LOA	\$1,322.36	\$0.00	\$1,322.36
Retiree+Family & LOA	\$2,203.94	\$0.00	\$2,203.94
In-Hospital Indemnity Plan			
Employee Only	\$0.50	\$0.50	\$0.00



Escambia County School District

2026 Funding Rates, ECSD Subsidy, and Employee/Retiree/LOA/Cobra Premiums

Note: Wellness Bonuses (EE-\$20/Semi-Monthly, Non-EE Spouse-\$15/Semi-Monthly) Can Be Earned For Completing Wellness Incentive Program

Instructional, Administrative, Professional (24 Pay/Deduction Periods)				
TIER		Total Rates	ECSD Subsidy	Emp/Ret/LOA &Cobra Premiums
NHP (Narrow Network)				
	Employee Only	\$342.58	\$308.32	\$34.26
	Employee+Spouse	\$719.41	\$546.75	\$172.66
	Employee+Child(ren)	\$616.64	\$468.65	\$147.99
	Employee+Family	\$1,027.73	\$781.08	\$246.65
	Dual Spouse	\$719.41	\$661.86	\$57.55
	Dual Spouse+Family	\$1,027.73	\$924.96	\$102.77
HSA PLAN				
	Employee Only	\$349.44	\$307.51	\$41.93
	Employee+Spouse	\$733.82	\$543.03	\$190.79
	Employee+Child(ren)	\$628.99	\$465.45	\$163.54
	Employee+Family	\$1,048.31	\$775.75	\$272.56
	Dual Spouse	\$733.82	\$660.44	\$73.38
	Dual Spouse+Family	\$1,048.31	\$922.51	\$125.80
BASE HRA PLAN:				
	Employee Only	\$352.77	\$271.63	\$81.14
	Employee+Spouse	\$740.80	\$466.71	\$274.09
	Employee+Child(ren)	\$634.98	\$400.04	\$234.94
	Employee+Family	\$1,058.29	\$666.73	\$391.56
	Dual Spouse	\$740.80	\$585.23	\$155.57
	Dual Spouse+Family	\$1,058.29	\$814.89	\$243.40
SUREST PLAN				
	Employee Only	\$367.33	\$257.13	\$110.20
	Employee+Spouse	\$771.38	\$431.97	\$339.41
	Employee+Child(ren)	\$661.18	\$370.26	\$290.92
	Employee+Family	\$1,101.97	\$617.11	\$484.86
	Dual Spouse	\$771.38	\$555.39	\$215.99
	Dual Spouse+Family	\$1,101.97	\$771.38	\$330.59
In-Hospital Indemnity Plan				
	Employee Only	\$0.25	\$0.25	\$0.00



Escambia County School District

2026 Funding Rates, ECSD Subsidy, and Employee/Retiree/LOA/Cobra Premiums

Note: Wellness Bonuses (EE-\$24 bi-weekly, Non-EE Spouse-\$18 bi-weekly) Can Be Earned For Completing Wellness Incentive Program

Educational Support Personnel (20-Pay/Deduction Periods)				
TIER		Total Rates	ECSD Subsidy	Emp Premiums
NHP (Narrow Network)				
	Employee Only	\$411.09	\$369.98	\$41.11
	Employee+Spouse	\$863.29	\$656.10	\$207.19
	Employee+Child(ren)	\$739.97	\$562.37	\$177.60
	Employee+Family	\$1,233.28	\$937.29	\$295.99
	Dual Spouse	\$863.29	\$794.23	\$69.06
	Dual Spouse+Family	\$1,233.28	\$1,109.95	\$123.33
HSA PLAN				
	Employee Only	\$419.32	\$369.01	\$50.31
	Employee+Spouse	\$880.58	\$651.63	\$228.95
	Employee+Child(ren)	\$754.78	\$558.54	\$196.24
	Employee+Family	\$1,257.97	\$930.89	\$327.08
	Dual Spouse	\$880.58	\$792.52	\$88.06
	Dual Spouse+Family	\$1,257.97	\$1,107.01	\$150.96
BASE HRA PLAN:				
	Employee Only	\$423.32	\$325.96	\$97.36
	Employee+Spouse	\$888.96	\$560.05	\$328.91
	Employee+Child(ren)	\$761.97	\$480.04	\$281.93
	Employee+Family	\$1,269.95	\$800.07	\$469.88
	Dual Spouse	\$888.96	\$702.28	\$186.68
	Dual Spouse+Family	\$1,269.95	\$977.86	\$292.09
SUREST PLAN				
	Employee Only	\$440.79	\$308.56	\$132.23
	Employee+Spouse	\$925.65	\$518.36	\$407.29
	Employee+Child(ren)	\$793.42	\$444.31	\$349.11
	Employee+Family	\$1,322.36	\$740.53	\$581.83
	Dual Spouse	\$925.65	\$666.47	\$259.18
	Dual Spouse+Family	\$1,322.36	\$925.66	\$396.70
In-Hospital Indemnity Plan				
Employee Only		\$0.30	\$0.30	\$0.00