Dental Insurance Premiums 7/1/2025 to 6/30/2026

Updated 10/8/2025

		Dental Insurance		
		Single	EE + 1	Family
	Total Monthly Premium	$34.88	$92.20	$155.76
Full-Time Employees (32+ hours)	Employee (per pay period)	$3.44	$32.10	$63.88
	District (per pay period)	$14.00	$14.00	$14.00
Kidstop & RN/LPN Part-Time Employees (30-31.99 hours), ESP Part-Time Employees (full year 25-31.99 hours, school year 30-31.99 hours)	Employee (per pay period)	$3.44	$32.10	$63.88
	District (per pay period)	$14.00	$14.00	$14.00
Married Spouses (Both active employees are eligible for dental)	Employee (per pay period)	$3.44	$18.10	$49.88
	District (per pay period)	$14.00	$28.00	$28.00