Teachers, Paraprofessionals, Secretaries, BAECE, TOA, & CSO
Employee Premiums

January 1, 2026 - December 31, 2026			
Medical - 24 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
Choices 1000 - 5 Tier RX	$74.26	$218.67	$230.65
ABC 2- 5 Tier RX	$17.55	$91.06	$71.84
ABC 2 - 5 Tier RX (20% Coinsurance)	-$14.39	$19.21	-$17.56
ABC 2 - 3 Tier RX	$35.60	$131.67	$122.38

January 1, 2026 - December 31, 2026			
Medical - 20 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
Choices 1000 - 5 Tier RX	$89.11	$262.40	$276.78
ABC 2- 5 Tier RX	$21.06	$109.27	$86.21
ABC 2 - 5 Tier RX (20% Coinsurance)	-$17.26	$23.05	-$21.07
ABC 2 - 3 Tier RX	$42.72	$158.00	$146.86

January 1, 2026 - December 31, 2026			
Dental - 24 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
BEA	$1.60	$2.97	$5.62
Secretaries	$1.83	$3.41	$5.89
Secretaries COB	$0.83	$1.55	$2.85
Paraprofessionals	$1.88	$3.45	$5.91
BAECE, TOA, & CSO	$1.88	$3.45	$5.91

January 1, 2026 - December 31, 2026			
Dental - 20 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
BEA	$1.92	$3.56	$6.74
Secretaries	$2.20	$4.10	$7.07
Secretaries COB	$1.00	$1.86	$3.42
Paraprofessionals	$2.26	$4.14	$7.09
BAECE, TOA, & CSO	$2.26	$4.14	$7.09

January 1, 2026 - December 31, 2026	
Vision - 24 Deductions	
Tier	Employee Cost per pay
Single	$0.21
2 Person	$0.42
Family	$0.70

January 1, 2026 - December 31, 2026	
Vision - 20 Deductions	
Tier	Employee Cost per pay
Single	$0.25
2 Person	$0.51
Family	$0.84

ABSASP, AFSCME, Administration, Operational Assistants & Nonaffiliated

Employee Premiums

January 1, 2026 - December 31, 2026			
Medical - 24 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
Choices 1000 - 5 Tier RX	$78.35	$227.86	$242.08
ABC 2- 5 Tier RX	$21.06	$98.95	$81.67
ABC 2 - 5 Tier RX (20% Coinsurance)	-$11.19	$26.39	-$8.63
ABC 2 - 3 Tier RX	$39.29	$139.98	$132.73

January 1, 2026 - December 31, 2026			
Medical - 20 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
Choices 1000 - 5 Tier RX	$94.01	$273.43	$290.50
ABC 2- 5 Tier RX	$25.27	$118.74	$98.00
ABC 2 - 5 Tier RX (20% Coinsurance)	-$13.43	$31.67	-$10.36
ABC 2 - 3 Tier RX	$47.15	$167.98	$159.28

January 1, 2026 - December 31, 2026			
Dental - 24 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
Principals	$1.79	$3.14	$5.64
AFSCME	$1.71	$3.07	$5.67
Admin., Op. Asst., NonAffl.	$1.83	$3.26	$5.71

January 1, 2026 - December 31, 2026			
Dental - 20 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
Principals	$2.15	$3.77	$6.77
AFSCME	$2.06	$3.68	$6.80
Admin., Op. Asst., NonAffl.	$2.19	$3.92	$6.85

January 1, 2026 - December 31, 2026	
Vision - 24 Deductions	
Tier	Employee Cost per pay
Single	$0.21
2 Person	$0.42
Family	$0.70

January 1, 2026 - December 31, 2026	
Vision - 20 Deductions	
Tier	Employee Cost per pay
Single	$0.25
2 Person	$0.51
Family	$0.84