

## CERTIFIED and SUPPORT STAFF

### Medical, Dental, Vision Premiums for Plan Year 2026

|                                   |    |                 |                    | 2026 EMPLOYEE Portion |                 |
|-----------------------------------|----|-----------------|--------------------|-----------------------|-----------------|
|                                   |    | 2026 Total      | 2026 Monthly       |                       |                 |
| Anthem Medical Plans              |    | monthly premium | Board contribution | monthly premium       | per pay premium |
| PPO3 - 3 Tier HRH                 |    |                 |                    |                       |                 |
| Single (*deduc - \$1,000/\$1,500) | \$ | 1,016.00        | \$ 705.00          | \$ 311.00             | \$ 155.50       |
| Family (*deduc - \$2,500/\$3,000) | \$ | 2,492.00        | \$ 1,740.00        | \$ 752.00             | \$ 376.00       |
| HDHP / PPO4                       |    |                 |                    |                       |                 |
| Single (*deduc - \$3,500)         | \$ | 907.00          | \$ 705.00          | \$ 202.00             | \$ 101.00       |
| Family (*deduc - \$7,000)         | \$ | 2,214.00        | \$ 1,740.00        | \$ 474.00             | \$ 237.00       |
| HDHP / PPO5                       |    |                 |                    |                       |                 |
| Single (*deduc - \$6,000)         | \$ | 831.00          | \$ 705.00          | \$ 126.00             | \$ 63.00        |
| Family (*deduc - \$12,000)        | \$ | 2,034.00        | \$ 1,740.00        | \$ 294.00             | \$ 147.00       |

A two-employee family will receive an additional \$10.00 / month in Board contribution which reduces the employee premium.

\*Deductible amounts listed are Network deductibles; reference the summary plan for Non-Network deductibles.

|              |    |                 |                    | 2026 EMPLOYEE Portion |                 |
|--------------|----|-----------------|--------------------|-----------------------|-----------------|
|              |    | 2026 Total      | 2026 Monthly       |                       |                 |
| Delta Dental |    | monthly premium | Board contribution | monthly premium       | per pay premium |
| Single       | \$ | 36.22           | \$ 17.70           | \$ 18.52              | \$ 9.26         |
| Family       | \$ | 110.92          | \$ 22.72           | \$ 88.20              | \$ 44.10        |

|                      |                 |                    |  | 2026 EMPLOYEE Portion |                 |
|----------------------|-----------------|--------------------|--|-----------------------|-----------------|
|                      | 2026 Total      | 2026 Monthly       |  |                       |                 |
| Vision Services Plan | monthly premium | Board contribution |  | monthly premium       | per pay premium |
| Single               | \$ 13.18        | \$ 13.10           |  | \$ 0.08               | \$ 0.04         |
| Family               | \$ 28.36        | \$ 15.50           |  | \$ 12.86              | \$ 6.43         |

#### NOTES:

- 1.) New coverage is effective 1-1-26 with payroll deductions beginning December 2025
- 2.) Premiums are deducted from payroll two(2) pays per month
- 4.) Part time employees receive a pro-rated amount of the Board contribution toward insurance.

10/1/2025