

ALL PLANS INCLUDE DENTAL, EAP, AND VISION PREMIUM COSTS.

PLAN OPTION #1

PREFERRED PROVIDER

ORGANIZATION

NEW RATES		80/20 PLAN
FY26 Coverage Tier	TOTAL	DEDUCTABLE \$350/\$950
SINGLE	\$1,362.64	
District Pays	\$1,279.82	
Employee Pays	\$82.82	
Emp+Spouse	\$1,530.58	
District Pays	\$1,279.82	
Employee Pays	\$250.76	
SINGLE/1CHILD	\$1,439.26	
District Pays	\$1,279.82	
Employee Pays	\$159.44	
SINGLE/2 or more CHILD	\$1,547.22	
District Pays	\$1,279.82	
Employee Pays	\$267.40	
Emp/Spouse/1Ch	\$1,607.54	
District Pays	\$1,279.82	
Employee Pays	\$327.72	
Family (Emp,Sp,Ch1,Ch2, or more)	\$1,742.32	
District Pays	\$1,279.82	
Employee Pays	\$462.50	

PLAN OPTION #2

TRADITIONAL

PLAN

NEW RATES		70/30 PLAN
FY26 Coverage Tier	Total	DEDUCTABLE \$500/\$1400
SINGLE	\$ 1,399.90	
District Pays	\$ 1,279.82	
Employee Pays	\$ 120.08	
Emp+Spouse	\$ 1,650.34	
District Pays	\$ 1,279.82	
Employee Pays	\$ 370.52	
SINGLE/1CHILD	\$ 1,503.60	
District Pays	\$ 1,279.82	
Employee Pays	\$ 223.78	
SINGLE/2 or more CHILD	\$ 1,654.20	
District Pays	\$ 1,279.82	
Employee Pays	\$ 374.38	
Emp/Spouse/1C h	\$ 1,755.08	
District Pays	\$ 1,279.82	
Employee Pays	\$ 475.26	
Family (Emp,Sp,Ch1,Ch 2, or more)	\$ 1,941.02	
District Pays	\$ 1,279.82	
Employee Pays	\$ 661.20	