



We are pleased to announce our employee benefits for Rockford Area Schools' benefit plans for the 2026 plan year.

Medical Coverage (Medica)

Medical Plan Highlights			
Plan Type	\$2,000 – 80%	\$4,000 – 100% HSA	\$5,000 – 100% HSA
In-Network Benefits	Passport/Elect Networks		
Employee Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Employee Out-of-Pocket (Individual / Family)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Coinsurance	80%	100%	100%
PCP Office Visit Copay	80% after deductible	100% after deductible	100% after deductible
Specialist Office Visit Copay	80% after deductible	100% after deductible	100% after deductible
Inpatient Hospital	80% after deductible	100% after deductible	100% after deductible
Outpatient Surgery	80% after deductible	100% after deductible	100% after deductible
Urgent Care	80% after deductible	100% after deductible	100% after deductible
Emergency Room	80% after deductible	100% after deductible	100% after deductible

Total Monthly Medical Premiums *actual employee contribution amounts vary by contract*						
Plan Type	\$2,000 – 80%		\$4,000 – 100% HSA		\$5,000 – 100% HSA	
Network	Passport	Elect	Passport	Elect	Passport	Elect
Employee Only	\$935.75	\$818.78	\$933.20	\$816.55	\$890.97	\$779.60
Family	\$2,506.54	\$2,193.22	\$2,449.70	\$2,187.24	\$2,386.60	\$2,088.27

Health Savings Account (HSA) (Medsurety)

HSA Plan Highlights	
2026 IRS Maximums	
Individual	\$4,400
Family	\$8,750

Flexible Spending Account (FSA) (Medsurety)

FSA Plan Highlights	
2026 IRS Maximums	
Health care/Limited purpose	\$3,400
Dependent Care	\$7,500/\$3,750 married

Dental Coverage (MetLife)

Dental Summary of Benefits		
Plan Type	In-Network	Out-of-Network
Calendar Year Benefit Maximum	\$1,000	\$1,000
Calendar Year Deductible (Individual/Family)	\$50/\$150	\$50/\$150
Preventive Services	100%	80%
Basic Services	80%	50%
Major Services	50%	50%
Total Monthly Dental Premiums *actual employee contribution amounts vary by contract*		
Employee Only	\$53.06	
Employee + 1	\$100.34	
Family	\$147.48	

Voluntary Vision Coverage (MetLife)

Vision Summary of Benefits	
Plan Type	In-Network
Routine Eye Exam (once ever 12 months)	\$10 copay – Also covered 100% under medical preventive
Lenses (once ever 12 months)	
Single	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Frames (once ever 24 months)	\$25 Copay, \$130 Allowance, 20% off balance over \$130
Contact Lenses (in lieu of glasses)	\$130 allowance, 15% off balance over \$130
Total Monthly Vision Premiums	
Employee Only	\$8.78
Employee + 1	\$16.50
Family	\$23.49

Basic Life and AD&D (MetLife)

Life and AD&D Benefit Amount
Per employment classification

Voluntary Life (MetLife)

Voluntary Life Benefits	Benefit Amount
Employee Life	Increments of \$10,000, \$100,000 guarantee issue, max. of 5x salary or \$250,000
Spouse Life	Increments of \$5,000, \$25,000 guarantee issue, max. of \$100,000
Child(ren) Life	Flat increments vary, \$10,000 guarantee issue, max. of \$10,000

Long-Term Disability (MetLife)

Long Term Disability Benefits	Benefit Amount
Elimination Period	90 days
Duration of Benefit	Refer to class
Percentage of Income Replacement	66.67%
Maximum Benefit	Refer to class

Supplemental Benefits (MetLife)

Supplemental Benefits
Voluntary Hospital Indemnity Insurance
Voluntary Accident Insurance
Voluntary Critical Illness Insurance

Retirement

Retirement Benefits	
403(b) 2024 IRS limit	\$24,500
	\$8,000 50+ catch-up
Teachers Retirement Association (TRA)	
Public Retirement Association (PERA)	



Remember:

The only time you may make changes to your benefits and add/remove dependents, without a qualifying life event, is during open enrollment.