

**Medical - Spousal Surcharge
of \$75, if Hired after 1/1/2018**



**Premiums Rate Sheet
Benefit Eligible Staff Member
Effective January 1, 2026 thru December 31, 2026**

ANTHEM MEDICAL PPO

Deductible - \$1,000 Ind / \$2,000 Fam

**CLOSED to all NEW enrollees
and TRANSFERS IN after 1/1/2022**

	Total Cost	Monthly Cost	
		Corporation	Employee
Single Plan	\$ 13,416.00	\$ 822.00	\$ 296.00
Annual Contribution		\$ 9,864.00	\$ 3,552.00
Family Plan	\$ 32,904.00	\$ 2,018.00	\$ 724.00
Annual Contribution		\$ 24,216.00	\$ 8,688.00

Semi-Monthly Cost	
Corporation	Employee
\$ 411.00	\$ 148.00
\$ 1,009.00	\$ 362.00

ANTHEM MEDICAL HDHP

Deductible - \$3,400 Ind / \$6,000 Fam

	Total Cost	Monthly Cost	
		Corporation	Employee
Single Plan	\$ 9,168.00	\$ 564.00	\$ 200.00
Annual Contribution		\$ 6,768.00	\$ 2,400.00
Employee + one	\$ 22,680.00	\$ 1,388.00	\$ 502.00
Annual Contribution		\$ 16,656.00	\$ 6,024.00
Family Plan	\$ 25,968.00	\$ 1,586.00	\$ 578.00
Annual Contribution		\$ 19,032.00	\$ 6,936.00

Semi-Monthly Cost	
Corporation	Employee
\$ 282.00	\$ 100.00
\$ 694.00	\$ 251.00
\$ 793.00	\$ 289.00

ANTHEM MEDICAL CDHP

Deductible \$6,000 Ind / \$12,000 Fam

	Total Cost	Monthly Cost	
		Corporation	Employee
Single Plan	\$ 8,040.00	\$ 554.00	\$ 116.00
Annual Contribution		\$ 6,648.00	\$ 1,392.00
Employee + one	\$ 20,112.00	\$ 1,382.00	\$ 294.00
Annual Contribution		\$ 16,584.00	\$ 3,528.00
Family Plan	\$ 23,064.00	\$ 1,584.00	\$ 338.00
Annual Contribution		\$ 19,008.00	\$ 4,056.00

Semi-Monthly Cost	
Corporation	Employee
\$ 277.00	\$ 58.00
\$ 691.00	\$ 147.00
\$ 792.00	\$ 169.00

If you participate in a HD Health Plan and are not eligible for a Health Savings Account, the amounts below would be put into a Flexible Spending Account

CG HSA CONTRIBUTION

After 12/31/2018 HDHP E+1 = \$2000

	HDHP- Before 1/1/19	HDHP- After 12/31/2018	
	Contribution	Contribution	Jan/Aug
Single Plan	\$ 1,450.00	\$ 1,450.00	870 / 580
Employee + 1 Plan	\$ 2,700.00	\$ 2,000.00	1620 / 1080 - 1200 / 800
Family Plan	\$ 2,500.00	\$ 2,500.00	1500 / 1000

CDHP Annual	
Contribution	Jan/Aug
\$ 700.00	420 / 280
\$ 1,000.00	600 / 400
\$ 1,200.00	720 / 480

DELTA DENTAL

	Total Cost	Monthly Cost	
		Corporation	Employee
Single Plan	\$ 612.00	\$ 32.12	\$ 18.88
Annual Contribution		\$ 385.44	\$ 226.56
Employee +1 Plan	\$ 1,129.20	\$ 50.06	\$ 44.04
Annual Contribution		\$ 600.72	\$ 528.48
Family Plan	\$ 2,066.28	\$ 94.71	\$ 77.48
Annual Contribution		\$ 1,136.52	\$ 929.76

Semi-Monthly Cost	
Corporation	Employee
\$ 16.06	\$ 9.44
\$ 25.03	\$ 22.02
\$ 47.36	\$ 38.74

ANTHEM VISION

	Total Cost	Monthly Cost	
		Corporation	Employee
Single Plan	\$ 88.08	\$ 5.84	\$ 1.50
Annual Contribution		\$ 70.08	\$ 18.00
Employee + 1 Plan	\$ 153.48	\$ 9.79	\$ 3.00
Annual Contribution		\$ 117.48	\$ 36.00
Family Plan	\$ 245.64	\$ 15.47	\$ 5.00
Annual Contribution		\$ 185.64	\$ 60.00

Semi-Monthly Cost	
Corporation	Employee
\$ 2.92	\$ 0.75
\$ 4.90	\$ 1.50
\$ 7.74	\$ 2.50

MADISON NATIONAL LIFE INSURANCE

	Total Cost	Monthly Cost	
		Corporation	Employee
Administrator-Level A & B	\$ 266.88	\$ 22.24	\$ 1.00
\$195,000 Basic Life + AD&D	Annual Contribution	\$ 265.88	One-Time Deduction
Certified Teachers	\$ 102.72	\$ 8.56	\$ 1.00
\$75,000 Basic Life + AD&D	Annual Contribution	\$ 101.72	One-Time Deduction
Support-Level C	\$ 54.72	\$ 4.56	\$ 1.00
\$40,000 Basic Life + AD&D	Annual Contribution	\$ 53.72	One-Time Deduction
Long Term Disability	0.00365	0.00365	\$ 1.00
x annual salary		One-Time Deduction	

Semi-Monthly Cost	
Corporation	Employee
\$ 11.12	\$ -
\$ 4.28	\$ -
\$ 2.28	\$ -
	\$ -