TOLLESON
ELEMENTARY SCHOOL DISTRICT

2026-2027 INSURANCE RATES

Health Plan	Employee Amount Per Pay (22 Pays)	Employee Paid Monthly Premium	Employee Paid Annual Premium	District Contribution
***Medical: Non-Embedded High Deductible Health Plan (HDHP) with Health Savings Account**				
Deductible: $2,800 Ind./$5,600 Family; Maximum Out-of-Pocket: $6,000 Ind./$12,000 Family 80% coverage after deductible is met; 100% after max out of pocket is met. See Sumary of Benefits. **Up $1,405 Contribution in Health Savings Account (HSA) for HDHP Employee Only				
*EE (Employee Only)***	*$0.00*	*$0.00*	*$0.00*	*$9,198.52*
EE + Spouse/D Partner	$207.77	$380.92	$4,571.04	$11,016.00
EE + Child(ren)	$139.09	$255.00	$3,060.00	$10,086.24
EE + Family	$488.34	$895.29	$10,743.48	$11,468.16
Medical: Embedded Traditional PPO				
Deductible: $1,000 Ind./$2,000 Family; Maximum Out-of-Pocket: $6,000 Ind./$12,000 Family Co-Pays: PCP $10/$30 & Specialist $30/$60 80% coverage after deductible is met; 100% after max out of pocket is met. See Sumary of Benefits.				
EE (Employee Only)	$30.33	$55.60	$667.20	$9,857.88
EE + Spouse/D Partner	$393.74	$721.86	$8,662.32	$12,387.48
EE + Child(ren)	$281.50	$516.09	$6,193.08	$11,560.80
EE + Family	$648.88	$1,189.62	$14,275.44	$15,720.48
DELTA DENTAL				
EE (Employee Only)	$17.92	$32.86	$394.32	
EE + Spouse/D Partner	$35.85	$65.72	$788.64	
EE + Child(ren)	$37.64	$69.01	$828.12	
EE + Family	$53.77	$98.58	$1,182.96	
Cigna DHMO				
EE (Employee Only)	$5.90	$10.82	$129.84	
EE + Spouse/D Partner	$11.67	$21.39	$256.68	
EE + Child(ren)	$13.09	$23.99	$287.88	
EE + Family	$14.36	$26.32	$315.84	
VSP Vision - Base Plan				
EE (Employee Only)	$3.32	$6.08	$72.96	
EE + Spouse/D Partner	$6.64	$12.17	$146.04	
EE + Child(ren)	$7.10	$13.02	$156.24	
EE + Family	$11.35	$20.81	$249.72	
VSP Vision - Buy Up Plan				
EE (Employee Only)	$6.43	$11.78	$141.36	
EE + Spouse/D Partner	$12.85	$23.55	$282.60	
EE + Child(ren)	$13.75	$25.20	$302.40	
EE + Family	$21.97	$40.27	$483.24	
PRE-PAID LEGAL				
EE (Employee Only)	$10.09	$18.50	$222.00	

*2026 HSA Maximum Contribution Limits: Individual $4,400/Family $ $8,750/55+ Additional $1,000

***** District Pays Health Savings Account (HSA) Contributions Directly to Optum Bank: Up $1,405 for HDHP Employee Only. 1st $702.50 deposit made in August. Up to $702.50 additional can be earned through the WellStyles wellness program and is paid after the monies are earned.***

Board Approval: March 4, 2026