



Buckeye Elementary School District

30+ Hour Employee Premium Rates

2026 - 2027

IMPORTANT INFORMATION

Payroll Deductions:
Start on (PP4) 9/1/26 to (PP23) 5/25/27 for a total of 20 deductions

Deductions:
Differ depending on the employee's hire date

***HDHP:**
Participants can receive up to \$1,535.00 for their Health Savings Account(HSA).
The amount is prorated based on the hire date.

Deposit schedule: 7/21/26 & 1/19/27 (Deposits will be split equally based on the employees' eligible amount)
On the date of deposits, an employee must be actively at work and currently enrolled in the HDHP medical plan.

Dual Spouse:
Employees who have a spouse or eligible dependent working within the district will receive a credit for the number of eligible dependents up to the cost of the benefit plan selected.
HESK Ticket is required.

District Paid Life & AD&D Insurance:
- Regular employees working 30+ hours per week - 1x salary (max \$150k)
- Administrators - 2x salary (max \$300k)
- Cabinet - 2.5x salary (max \$350k)

MEDICAL UNITED HEALTHCARE	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Per Pay Period Deduction
COPAY				
Employee Only	\$815.75	NO COST	NO COST	NO COST
Employee + Spouse	\$815.75	\$816.56	\$9,798.72	\$489.94
Employee + Child(ren)	\$815.75	\$816.56	\$9,798.72	\$489.94
Employee + Family	\$815.75	\$1,277.99	\$15,335.88	\$766.79

HDHP*				
Employee Only	681.45*	NO COST	NO COST	NO COST
Employee + Spouse	681.45*	\$681.84	\$8,182.08	\$409.10
Employee + Child(ren)	681.45*	\$682.14	\$8,185.68	\$409.28
Employee + Family	681.45*	\$1,067.61	\$12,811.32	\$640.57

DENTAL	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Per Pay Period Deduction
DELTA DENTAL				
Level I				
Employee Only	\$23.32	NO COST	NO COST	NO COST
Employee + Spouse	\$23.32	\$28.90	\$346.80	\$17.34
Employee + Child(ren)	\$23.32	\$27.50	\$330.00	\$16.50
Employee + Family	\$23.32	\$55.00	\$660.00	\$33.00
Level III				
Employee Only	\$43.38	NO COST	NO COST	NO COST
Employee + Spouse	\$43.38	\$46.65	\$559.80	\$27.99
Employee + Child(ren)	\$43.38	\$51.15	\$613.80	\$30.69
Employee + Family	\$43.38	\$91.66	\$1,099.92	\$55.00

CIGNA DENTAL DHMO				
Employee Only	\$10.82	NO COST	NO COST	NO COST
Employee + Spouse	\$10.82	\$10.57	\$126.84	\$6.34
Employee + Child(ren)	\$10.82	\$13.17	\$158.04	\$7.90
Employee + Family	\$10.82	\$15.50	\$186.00	\$9.30

VISION VSP	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Per Pay Period Deduction
Basic Plan				
Employee Only	\$6.08	NO COST	NO COST	NO COST
Employee + Spouse	\$6.08	\$6.09	\$73.08	\$3.65
Employee + Child(ren)	\$6.08	\$6.94	\$83.28	\$4.16
Employee + Family	\$6.08	\$14.73	\$176.76	\$8.84

Buy-Up Plan				
Employee Only	\$6.08	\$5.70	\$68.40	\$3.42
Employee + Spouse	\$6.08	\$17.47	\$209.64	\$10.48
Employee + Child(ren)	\$6.08	\$19.12	\$229.44	\$11.47
Employee + Family	\$6.08	\$34.19	\$410.28	\$20.51

DISTRICT PAID LIFE & AD&D INSURANCE SUN LIFE	Employer Monthly Contribution	Employee Monthly Cost	Employee Annual Cost	Per Pay Period Deduction
Life Insurance & AD&D	\$0.066/\$1,000	NO COST	NO COST	NO COST