

Health Insurance Options and Rates

2026-2027 School Year

SUPERINTENDENT (100)

Active Employee

Single: 80% Family: 80%

Plan	Alt PPO	EPO 20
Premiums		
Single		
Monthly Premium	\$1,831.39	\$1,490.79
District Share	\$1,465.11	\$1,192.63
Employee Share	\$366.28	\$298.16
Bi-weekly Deduction	\$183.14	\$149.08
Family		
Monthly Premium	\$4,083.99	\$3,324.47
District Share	\$3,267.19	\$2,659.58
Employee Share	\$816.80	\$664.89
Bi-weekly Deduction	\$408.40	\$332.45