Health Insurance Options and Rates

2026-2027 School Year

CABINET (101)

Active Employees

Single: 85% Family: 85%

Plan	Alt PPO	EPO 20
Premiums		
Single		
Monthly Premium	$1,831.39	$1,490.79
District Share	$1,556.68	$1,267.17
Employee Share	$274.71	$223.62
Bi-weekly Deduction	**$137.36**	**$111.81**
Family		
Monthly Premium	$4,083.99	$3,324.47
District Share	$3,471.39	$2,825.80
Employee Share	$612.60	$498.67
Bi-weekly Deduction	**$306.30**	**$249.34**