

**MINIMUM VALUE PLAN RATES**

**2026-2027 SCHOOL YEAR**

PER MONTH (10 MONTHS) COST OF BENEFITS

FTE CONTRACT		ANTHEM MINIMUM VALUE PLAN				KAISER MINIMUM VALUE PLAN				DELTA DENTAL	EYE MED	GROUP LIFE
		SINGLE	EE + SPOUSE	EE + CHILDREN	FAMILY	SINGLE	EE + Spouse	EE + Children	FAMILY			
76-100% OR 6.25 OR MORE HRS PER DAY	EMPLOYEE	\$15.00	\$15.00	\$15.00	\$125.00	\$15.00	\$15.00	\$15.00	\$135.00	\$0.00	\$0.00	\$0.00
	DISTRICT	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$1,354.56	\$147.45	\$17.29	\$13.80
51-75% OR 4 HRS BUT LESS THAN 6.25 HOURS PER DAY	EMPLOYEE	\$15.00	\$15.00	\$15.00	\$395.91	\$15.00	\$15.00	\$15.00	\$405.91	\$29.49	\$3.46	\$2.76
	DISTRICT	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$1,083.65	\$117.96	\$13.83	\$11.04
0-50% OR LESS THAN 4 HOURS PER DAY	EMPLOYEE	\$15.00	\$15.00	\$15.00	\$666.82	\$15.00	\$15.00	\$15.00	\$676.82	\$58.98	\$6.92	\$5.52
	DISTRICT	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$812.74	\$88.47	\$10.37	\$8.28