

PROFESSIONAL SUPPORT SERVICES - LEVEL 1 (1761 - 2080 Hours)

2026-2027

If you are a full-time employee and elect to participate in the district health plan, the district will provide you with a credit to offset the cost of your healthcare premium. The amount is listed below. An employee electing more expensive coverage than the district contribution will pay the additional premium cost by payroll deduction.

Per Month: \$742.08

Per Year: \$8,905.00

HEALTH INSURANCE

Aware Network

		Total Cost per Month	District Pays per Month	You pay per Month
\$1,500 Deductible				
	Single	\$931.13	\$742.08	\$189.05
	Employee+Child(ren)	\$2,001.47	\$742.08	\$1,259.39
	Single + Spouse	\$2,098.77	\$742.08	\$1,356.69
	Family	\$3,169.09	\$742.08	\$2,427.01
\$3,500 Deductible				
	Single	\$783.91	\$742.08	\$41.83
	Employee+Child(ren)	\$1,692.30	\$742.08	\$950.22
	Single + Spouse	\$1,774.88	\$742.08	\$1,032.80
	Family	\$2,683.26	\$742.08	\$1,941.18
\$6,500 Deductible				
	Single	\$676.33	\$742.08	\$0.00
	Employee+Child(ren)	\$1,466.38	\$742.08	\$724.30
	Single + Spouse	\$1,538.20	\$742.08	\$796.12
	Family	\$2,328.24	\$742.08	\$1,586.16

High Value Network

		Total Cost per Month	District Pays per Month	You pay per Month
\$1,500 Deductible				
	Single	\$853.55	\$742.08	\$111.47
	Employee+Child(ren)	\$1,838.54	\$742.08	\$1,096.46
	Single + Spouse	\$1,928.08	\$742.08	\$1,186.00
	Family	\$2,913.05	\$742.08	\$2,170.97
\$3,500 Deductible				
	Single	\$719.21	\$742.08	\$0.00
	Employee+Child(ren)	\$1,556.45	\$742.08	\$814.37
	Single + Spouse	\$1,632.56	\$742.08	\$890.48
	Family	\$2,469.77	\$742.08	\$1,727.69
\$6,500 Deductible				
	Single	\$620.91	\$742.08	\$0.00
	Employee+Child(ren)	\$1,350.00	\$742.08	\$607.92
	Single + Spouse	\$1,416.36	\$742.08	\$674.28
	Family	\$2,145.36	\$742.08	\$1,403.28

DENTAL INSURANCE

Per Month: \$20.83

Per Year: \$250.00

		Total Cost per Month	District Pays per Month	You pay per Month
Dental				
	Single	\$47.00	\$20.83	\$26.17
	Single +1	\$94.00	\$20.83	\$73.17
	Family	\$155.00	\$20.83	\$134.17

PROFESSIONAL SUPPORT SERVICES - LEVEL 1 (1761 - 2080 Hours)

2026-2027

VISION INSURANCE

		Total Cost per Month	District Pays per Month	You pay per Month
Vision				
	Single	\$5.80	\$0.00	\$5.80
	Single +1	\$11.02	\$0.00	\$11.02
	Family	\$16.18	\$0.00	\$16.18

HOSPITAL INDEMNITY

Cost per Month

Employee	\$10.18
EE + Spouse	\$17.23
EE + Child	\$14.29
EE + Family	\$25.54

ACCIDENT INSURANCE

Cost per Month

Employee	\$7.45
EE + Spouse	\$12.41
EE + Child	\$15.79
EE + Family	\$20.77

CRITICAL ILLNESS

Critical Illness insurance is offered to Employee (\$10,000, \$20,000 or \$30,000), Spouse (\$5,000, \$10,000, \$15,000 or \$20,000) at a cost based on age. Child Critical Illness may be purchased at 50% of employee amount at no cost to Employee.

GROUP LIFE AND AD&D

The district shall provide a group life insurance policy in the amount listed below for each benefit eligible employee.

\$50,000

Accidental death and dismemberment (AD&D) insurance would pay an additional benefit, up to the amount of your life benefit, if you suffer a covered loss due to an accidental injury. The per month cost is listed below.

\$0.50

LONG TERM DISABILITY (LTD)

The district shall provide a long term disability insurance program for eligible employees. The full premium will be paid by the district. The LTD policy will be at 66.66% of the employee's monthly salary after a 60 day waiting period.

RETIREMENT BENEFITS

Public Employees Retirement Association (PERA)

Dist. Contribution	7.50%
Emp. Contribution	6.50%

Deferred Compensation (403(b)/457 Accounts)

Years of Service	Annual Dist. Match
Beginning 1	Not eligible
Years 2 - 5	\$900.00
Years 6-10	\$1,100.00
Years 11+	\$1,300.00