

Independent School District #192
Farmington, MN 55024

INSURANCE RATES
KID CONNECTION and EARLY LEARNING PROGRAMS
(Non-certified Classroom Personnel)
(Plan A and B Single, EE+1 and Family froze)
Effective 07/01/2026

HOSPITALIZATION RATES	
Annual Single Contribution	\$9,624.00
Annual Employee + 1 Contribution	\$16,794.00
Annual Family Contribution	\$21,942.00
Dental Annual Contribution	\$443.64

MONTHLY PREMIUM	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	24 PAY PERIOD EMPLOYEE CONTRIBUTION
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HEALTH RATES

						Yearly		H S A	Potential	
Plan C - HDHP \$3400/\$6200						Premium	Deductible	Contribution	Expense	
Single (HLTH-PLN C-SNGL)	\$	912.82	\$	802.00	110.82	55.41	1,329.81	3,400.00	1,000.00	3,729.81
Employee + 1 (HLTH-PLN C-TWO)	\$	1,792.09	\$	1,399.50	392.59	196.29	4,711.05	6,200.00	1,000.00	9,911.05
Family (HLTH-PLN C-FMLY)	\$	2,675.91	\$	1,828.50	847.41	423.71	10,168.97	6,200.00	1,000.00	15,368.97

DENTAL RATES

Delta Dental									
Single	\$	36.97	\$	36.97	-	-			
Family		111.52	\$	36.97	74.55	37.28			

LIFE RATES

Madison National Life									
\$75,000 Policy	\$	8.25	\$	8.25	0.00	0.00			

H S A Contribution									
\$ 1,000.00	\$	1,000.00	\$	-	0.00	0.00			
(1 x per year contribution at the beginning of the plan year)									

VISION RATES

VSP Vision									
Single	\$	6.67	\$	-	6.67	3.34			
Employee + 1		9.67	\$	-	9.67	4.84			
Family		17.34	\$	-	17.34	8.67			