

INSURANCE RATES
HEALTH SERVICES PERSONNEL
Effective 07/01/2026

HOSPITALIZATION RATES		Plan C
*Annual District Single Contribution	\$	9,388.00
*Annual Dist Employee + 1 Contribution	\$	16,384.00
*Annual Dist Employee Family Contributor	\$	21,407.00

MONTHLY PREMIUM	MONTHLY EMPLOYER CONTRIBUTION	MONTHLY EMPLOYEE CONTRIBUTION	18 PAY CHECKS EMPLOYEE CONTRIBUTION
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HEALTH RATES

Plan C - HDHP \$3400/\$6200

Single (HLTH-PLN C-SNGL)	\$	912.82	\$	782.33	130.48	86.99
Employee + 1 (HLTH-PLN C-TV)	\$	1,792.09	\$	1,365.33	426.75	284.50
Family (HLTH-PLN C-FMLY)	\$	2,675.91	\$	1,783.92	892.00	594.67

Yearly Premium	Decutible	District HS A Contrb	Yearly Potential
1,565.81	3,400.00	1,000.00	3,965.81
5,121.05	6,200.00	1,000.00	10,321.05
10,703.97	6,200.00	1,000.00	15,903.97

(NOTE: Plan's A and B expenses run per calendar year.
Plan C expenses run per fiscal year ~ July)

HS A Contribution

\$1,000 every July 15th	\$	1,000.00	\$	-	0.00	0.00
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DENTAL RATES

Delta Dental						
Single	\$	36.97	\$	47.43	0.00	0.00
Family	\$	111.52	\$	47.43	64.09	42.73

LIFE RATES

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

Waiver of Health - HRA Account

\$50 per month	\$	50.00	\$	50.00	0.00	0.00
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Heath Reimbursment Account

\$900 yr hired prior to July 1996	\$	75.00	\$	75.00	0.00	0.00
\$400 yr hired after July 1996	\$	33.33	\$	33.33	0.00	0.00

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