

Independent School District #192
Farmington, MN 55024

INSURANCE RATES
Teachers
Effective 7/1/2026

<u>HEALTH RATES</u>	<u>Plans A and B</u>	<u>Plan C</u>
<u>Single-100% of premium paid by the district</u>	<u>80%</u>	<u>100%</u>
<u>Employee + 1 - Annual District Contribution</u>	<u>\$12,023.00</u>	<u>90%</u>
<u>Family - Annual District Contribution</u>	<u>\$15,478.00</u>	<u>80%</u>

	<u>MONTHLY PREMIUM</u>		<u>MONTHLY EMPLOYER CONTRIBUTION</u>	<u>MONTHLY EMPLOYEE CONTRIBUTION</u>	<u>24 PAY PERIOD EMPLOYEE CONTRIBUTION</u>	<u>Yearly Employee Premium</u>	<u>Out of Pocket Max</u>	<u>Yearly Potential</u>
<u>Plan A - 100% High Plan</u>								
Single (HLTH-PLN A-SNGL)	\$ 1,612.09	\$	1,289.67	322.42	161.21	3,869.01	500.00	4,369.01
Employee + 1 (HLTH-PLN A-T)	3,225.02		1,001.92	2,223.11	1,111.55	26,677.27	1,000.00	27,677.27
Family (HLTH-PLN A-FMLY)	4,843.93		1,289.83	3,554.10	1,777.05	42,649.20	1,000.00	43,649.20
<u>Plan B - 90% Mid Plan</u>								
Single (HLTH-PLN B-SNGL)	\$ 1,460.85	\$	1,168.68	292.17	146.09	3,506.05	700.00	4,206.05
Employee + 1 (HLTH-PLN B-T)	2,921.24		1,001.92	1,919.32	959.66	23,031.84	1,400.00	24,431.84
Family (HLTH-PLN B-FMLY)	4,387.09		1,289.83	3,097.26	1,548.63	37,167.07	1,400.00	38,567.07

<u>Plan C - HDHP \$3400/\$6200</u>						<u>Yearly Employee Premium</u>	<u>H S A Deductable</u>	<u>H S A Dist Cotrib</u>	<u>Yearly Potential</u>
Single (HLTH-PLN C-SNGL)	\$ 912.82	\$	912.82	0.00	0.00	-	3,400.00	(1,000.00)	2,400.00
Employee + 1 (HLTH-PLN C-T)	1,792.09		1,612.88	179.21	89.60	2,150.51	6,200.00	(1,000.00)	7,350.51
Family (HLTH-PLN C-FMLY)	2,675.91		2,140.73	535.18	267.59	6,422.19	6,200.00	(1,000.00)	11,622.19

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

DENTAL RATES

<u>Delta Dental</u>				
Single	\$ 36.97	\$	36.97	0.00
Family	111.52	\$	47.43	64.09

LIFE RATES

<u>Madison National Life</u>				
\$75,000 Policy	\$ 8.25	\$	8.25	0.00

H S A Plan C only - effective 07/01/2014

\$1,000 per year for those on plan C single, two party, and family	\$ 1,000.00	\$	-	-
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**NOTE for the first year employee's will have \$1,000 contributed on 07/15 with new hires contribution on 09/15.

VISION RATES

<u>VSP Vision</u>				
Single	\$ 6.67	\$	-	6.67
Employee + 1	9.67	\$	-	9.67
Family	17.34	\$	-	17.34