



## RESPA Premium Share: 2026-2027 Plan Year 10- & 12-Month Employees *(except Level A)*

### How much do I pay for my benefits?

#### Medical Insurance: Personal Choice C2F101

10- & 12-month employees pay a percentage of the premium for the tier of coverage selected.

7.6% Full-Time

N/A Part-Time employees are not eligible to enroll in district medical insurance plans.

#### Prescription Insurance: CVS Caremark 5/15/35

N/A Full-Time 10- & 12-month employees do not pay an additional amount for the same covered members.

Varies Part-Time 10- & 12-month employees pay a pro-rata rate based on the number of hours worked per week as a percentage of 35 hours. Contact the Benefits Coordinator for your individual calculation.

#### Dental Insurance: Delta Dental

\*N/A Full-Time 10- & 12-month employees do not pay an additional amount for the same covered members.

Varies Part-Time 10- & 12-month employees pay a pro-rata rate based on the number of hours worked per week as a percentage of 35 hours. Contact the Benefits Coordinator for your individual calculation.

**Buy-Out Option:** *The Buy-Out Option is an annual election. In order to receive the cash incentive, you must opt-out during each open enrollment period.*

Full-time employees who opt to eliminate participation in the district's group healthcare plans, including medical, dental and prescription coverage will receive a cash incentive of \$2,500 included in the last pay in May. The incentive amount is prorated based on eligibility. Proof of other medical insurance coverage is required. This can be a copy of your medical insurance card bearing your name or a letter from the employer providing your medical coverage. To be eligible for the cash incentive you may not be covered by a family member's district health care plan.

\*Employees who opt out may elect to purchase dental insurance at the COBRA rate (monthly premium +2% administrative fee).

### Monthly Premium Share for Full-Time 10- & 12-Month Employees *(except Level A)*

Plan/Tier	Single	Employee/ Spouse	Employee/ Child	Employee/ Children	Family
Personal Choice C2F201, CVS Caremark 5/15/35, United Concordia	\$55.87	\$136.38	\$105.20	\$119.46	\$150.63

*Payroll Deductions for 12-month employees are withheld each pay period and generally do not equal 1/2 of your monthly premium share. Deduction amounts vary based on factors such as enrollment date, changes in coverage tier or FTE and termination of employment.*

*Payroll Deductions for 10-month employees are withheld each pay period from mid-September through the last pay in June for the plan year July 1 through June 30. In cases where employees elect benefits in excess of their net biweekly income, an additional deduction in the first pay of July and/or direct billing may occur. Deduction amounts vary based on factors such as enrollment date, eligibility year crossover, changes in coverage tier or FTE and termination of employment.*

### What is the full monthly cost of my benefits?

Plan/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
PC C2F101	\$735.10	\$1794.41	\$1384.23	\$1571.81	\$1981.98
CVS Caremark Rx	\$319.50	\$500.70	\$500.70	\$751.37	\$751.37
United Concordia	\$37.22	\$68.71	\$68.71	\$115.73	\$115.73

If there are any changes in the status of your family during the plan year, (i.e., marriage, divorce, birth, adoption, loss of other coverage if you are declining enrollment) it is your responsibility to notify the Benefits Coordinator. Changes must be made within 30 days of the date of the event, or you must wait until the next open enrollment period.