



## RTEA Premium Info: 2026-2027 Plan Year

### Full-Time Employees (0.9 FTE or greater) Base Medical Plan: Personal Choice C2F101

Steps 1-5: 9.75% of monthly base medical premium

Steps 6-10: 11.25% of monthly base medical premium

Steps 11-15: 12.50% of monthly base medical premium

Prescription and Dental coverage are included at no additional cost for the same covered members.

**Part-Time Employees (0.5 FTE to less than 0.9 FTE):** The district pays the proportionate amount of the employer’s share of the premium for the applicable plan and the employee pays the balance of the premium through payroll deduction. The proportionate amount to be paid by the district shall equal the amount paid for a full-time employee multiplied by the percentage of part-time worked by the employee. If your FTE is 0.5 to less than 0.9, 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.*

Employees choosing to eliminate participation in the district’s medical, prescription and dental will receive a cash incentive of \$3,000 (prorated based on FTE and enrollment date) included in the last pay of May. In order to be eligible, proof of other coverage is required. Employees covered by a family member’s district healthcare plan are not eligible for the cash incentive. Employees who opt out may elect to purchase dental insurance at the COBRA rate (monthly premium + 2% administrative fee).

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

#### Monthly Step-Based Premium Share Contribution Effective July 1, 2026 – June 30, 2027

#### Medical Plan PC C2F101, CVS Caremark 5/15/35 Rx & United Concordia 0.9 FTE or Greater

Step Bracket/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
Steps 1 – 5	\$71.67	\$174.95	\$134.96	\$153.25	\$194.24
Steps 6 – 10	\$82.70	\$201.87	\$155.73	\$176.83	\$222.97
Steps 11 - 15	\$91.89	\$224.30	\$173.03	\$196.48	\$247.75

**Payroll Deductions** are withheld each pay period and generally do not equal ½ of your monthly premium share. Deduction amounts vary based on factors such as enrollment date, changes in coverage tier or FTE, step movement 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.