



RSEA Premium Info: 2026-2027 Plan Year

Premium Share for Health Benefits: Full-Time Drivers, Dispatchers & Routers

How much do I pay for my benefits?

Medical Insurance: Full-Time employees pay a percentage of the monthly premium based on eligibility date.

25% 1st 12 months of eligibility for single, employee/spouse, employee/child, employee/children, and family coverage.

7.5% >1 year of eligibility

Prescription Insurance: Full-Time employees pay a percentage of the monthly premium based on eligibility date for the same covered members as the medical plan. Payroll deductions will be adjusted when employees reach a crossover in eligibility year.

25% 1st 12 months of eligibility

0% >1 year of eligibility

Dental Insurance

*50% All RSEA

Monthly Premium Share for Full-Time Employees during 1st 12 Months of Eligibility

Plan/Year/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
Personal Choice C2F101	\$183.77	\$448.60	\$346.06	\$392.95	\$495.50
CVS Caremark 5/15/35	\$79.88	\$125.18	\$125.18	\$187.84	\$187.84
United Concordia	\$18.61	\$34.36	\$34.36	\$57.87	\$57.87

Monthly Premium Share for Full-Time Employees >1 Year of Eligibility

Plan/Tier	Single	Employee/Spouse	Employee/Child	Employee/Children	Family
Personal Choice C2F101, CVS Caremark 5/15/35	\$55.13	\$134.58	\$103.82	\$117.89	\$148.65
United Concordia	\$18.61	\$34.36	\$34.36	\$57.87	\$57.87

Payroll Deductions for Drivers 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, changes in status and termination of employment.

Payroll Deductions for Dispatchers & Routers 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, changes in status and termination of employment.

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 \$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).

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.