

PARA EDUCATORS:
THE RATES BELOW DO NOT INCLUDE ADJUSTMENTS
FOR SUMMERTIME INSURANCE BENEFITS

PARA EDUCATORS

Effective July 1, 2026 the costs to you on a MONTHLY basis
for the Medical & Prescription benefit are:

Medical/Prescription			
Employee Cost Share is: 19.5% (Single Coverage)			
Employee Cost Share is: 27% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 1,500.68	\$ 1,208.04	\$ 292.64
Employee + 1	\$ 3,216.57	\$ 2,348.09	\$ 868.48
Family	\$ 4,165.60	\$ 3,040.88	\$ 1,124.72

Effective July 1, 2026 the costs to you on a MONTHLY basis
for the Dental benefit are:

Dental			
Employee Cost Share is: 19.5% (Single Coverage)			
Employee Cost Share is: 27% (2-Person or Family Coverage)			
	TOTAL COST	EMPLOYER COSTS	EMPLOYEE COSTS
Single	\$ 60.50	\$ 48.70	\$ 11.80
Employee + 1	\$ 109.54	\$ 79.94	\$ 29.60
Family	\$ 175.46	\$ 128.06	\$ 47.40